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COUNTY BOROUGH OF ROCHDALE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1955

JOHN INNES, M.D., D.P.H.
Medical Officer of Health
and School Medical Officer.

Accd 26.9.56

by R.C. - M.B.J.

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ROCHDALE :
E. WRIGLEY & SONS LTD., PRINTERS, ACKER STREET

CONTENTS

I.—PUBLIC HEALTH REPORT:

A.				PAGE	M <i>cont.</i>				PAGE
Administration	...	...	...	12	Mental Defectives	...	...	...	38
Ambulance Facilities	...	...	...	15	Mental Hospitals and Clinics	...	...	...	41
Analyst's Report	...	...	...	71	Meteorology	...	...	...	52
Ante-natal Clinics	...	...	...	12, 20	Midwifery Service	...	...	...	25
Atmospheric Pollution	...	...	...	64	Midwifery Training	...	...	...	25
C.					Milk Distribution	...	...	...	67
Cancer	...	...	...	11	Morbidity	...	...	...	14
Child Welfare Clinics	...	...	...	12, 22	N.				
Children Neglected in their own Homes	...	...	...	31	Notification of Births	...	...	...	18
Clinics	...	...	...	12	Nurseries and Child Minders Regulation	...	...	...
Cleansing Station	...	...	...	73	Act, 1948	...	...	...	34
Closet Accommodation	...	...	...	63	Nursing Homes...	...	...	...	17
Common Lodging Houses	...	...	...	63	O.				
Convalescent Homes	...	...	...	35	Occupation Centre	...	...	...	37
D.					Offensive Trades	...	...	...	74
Daily Guardian Scheme	...	...	...	34	Ophthalmia Neonatorum	...	...	...	27
Dental Service	...	...	...	24	Orthopaedic Clinic	...	...	...	25
Diphtheria Immunisation	...	...	...	27	P.				
Domestic Help Scheme	...	...	...	34	Post-natal Clinic	...	...	...	12, 20
Drainage and Sewerage	...	...	...	52	Prematurity	...	...	...	8, 23
E.					Prevention of Damage by Pests Act...	...	...	...	73
Emergency Maternity Unit	...	...	...	21	Public Cleansing	...	...	...	53
Establishments for Massage and	...	...	...		Puerperal Pyrexia	...	...	...	26
Special Treatment	...	...	...	55	R.				
F.					Rag Flock, etc. Act	...	...	...	72
Factories Acts 1937 and 1948	...	...	...	75	Rivers and Streams	...	...	...	52
Food and Drugs Act, 1938	...	...	...	71	S.				
Food Inspection, General	...	...	...	67	Sanatorium Treatment	...	...	...	49
Food Inspection, Premises	...	...	...	70	Sanitary Inspection	...	...	...	54
Food Poisoning...	...	...	...	70	Shops Acts, 1950	...	...	...	74
G.					Sickness Returns	...	...	...	14
Gas and Air Analgesia...	...	...	...	25	Slaughterhouses & Knacker's Yards...	...	...	...	68
H.					Smoke Abatement	...	...	...	64
Health Education	...	...	...	36	Smoke Abatement—Local Joint	...	...	...
Health Visitors	...	...	...	18	Consultative Committee	...	...	...	66
Home Nursing	...	...	...	13	Staff	...	...	...	3
Hospital Accommodation	...	...	...	17	T.				
Houses Individually Unfit	...	...	...	57	Tuberculosis—Morbidity, Mortality, etc.	...	...	...	47
Houses Let in Lodgings	...	...	...	57	Tuberculosis—Re-housing	...	...	...	48
Housing Enquiries	...	...	...	58	U.				
Housing Repairs & Rents Act, 1954...	...	...	...	56	Unemployment	...	...	...	15
Housing Survey	...	...	...	58	Unmarried Mothers	...	...	...	30
I.					V.				
Ice Cream	...	...	...	71	Vaccination	...	...	...	28
Illegitimate Children	...	...	...	30	Venereal Disease	...	...	...	50
Infantile Mortality	...	...	...	7	Vermineous Conditions	...	...	...	73
Infectious Diseases	...	...	...	43	Vital Statistics	...	...	...	6
L.					Voluntary Bodies	...	...	...	13, 23, 30
Laboratory Service	...	...	...	17	W.				
M.					Water Supply	...	...	...	51
Maternity Home, Birch Hill	...	...	...	21	Welfare Foods	...	...	...	24
Maternal Mortality and Morbidity	...	...	...	26	Whooping-cough Immunisation	...	...	...	28
Maternity Outfits	...	...	...	26	APPENDIX				
Meat Inspection	...	...	...	68	Table I.—Vital Statistics	...	...	...	76
Mental Health Service...	...	...	...	36	„ II.—Causes of Death	...	...	...	77
					„ III.—Infant Mortality	...	...	...	78

II.—SCHOOL MEDICAL REPORT:

Pages 79—121

CONTENTS

Page 79

PUBLIC HEALTH OFFICERS

DECEMBER, 1955

Medical Officer of Health, School Medical Officer,

JOHN INNES, M.D., D.P.H.

Deputy Medical Officer of Health :

NORA MILLS, M.D.

*Assistant Medical Officers :*MARGARET L. DENNIS, M.R.C.S., L.R.C.P.
(M. & C.W.)

JEAN M. MOORE, M.B., B.S.(Lond.)

MARY M. MACKENZIE, M.B., Ch.B.

Day Administrative Officer :

S. BUTTERWORTH

Chief Sanitary Inspector :

A. TURNER, C.S.I.B., A.R.S.I.

Senior District Sanitary Inspector :

A. SYMONS

Meat and Foods Inspector :

J. GAWTHORPE

Sanitary Inspectors :

W. C. CROSSLEY F. REYNOLDS

J. PEARSON K. E. SMITH

Health Visitors (Maternity and Child Welfare) :

S. H. BARLOW I. RUSHTON

E. M. MASSEY M. M. SWITZER

W. REEVE F. THORNTON

E. REDHEAD N. WHITELEY

Health Visitors (Tuberculosis) :

M. L. GALLIMORE WM. GULLIFORD

Clinic Nurses : (Part-time)

J. MOSELEY L. HOLLINSHEAD

Chief Dental Officer :

H. P. GLEDSDALE, L.D.S.

Dental Officers :

T. S. LONGWORTH, L.D.S.

Dental Attendants :

GERTRUDE PETRIE NORA SMITH

LUCY DANIELS

Duly Authorised Officers :

W. BEELEY

W. KERSHAW

Mental Health Visitor :

JOAN R. LAMBERT

Occupation Centre Superintendent :

Mrs. I. TAFTS

Ambulance Officer :

E. OSBALDESTON

Social Workers :

Miss M. E. ANSTEY

Mrs. C. M. LINTERN

*District Nursing Association :*Superintendent—E. M. FELSTEAD, S.R.N.,
S.C.M., Q.N., H.V.

Asst. Super.—B. A. M. ALLWORK, S.R.N., Q.N.

Municipal Midwives :

W. U. CARR

K. E. HAZELDINE

G. DOWD

V. E. S. CORRIN

S. M. HAMILTON

K. WHELAN

PART TIME OFFICERS

Ophthalmic Surgeon :

A. STEWART SCOTT, F.R.C.S., Ed., D.O.M.S.

Tuberculosis Physician :

W. R. MAY, M.B., B.S., D.C.H., M.R.C.P.

E.N.T. Surgeon :

V. T. SMITH, M.D., F.R.F.P.S.

P. K. BASU, M.B., B.S.

Public Analyst :

T. W. LOVETT, F.R.I.C.

Family Planning Medical Officer :

HELEN E. BARLOW, M.B., CH.B.

Physiotherapist :

ELLEN LUMB

Assistant Medical Officer :

ELIZABETH BURBIDGE, M.R.C.S., L.R.C.P.

**To the Chairman and Members of the Health
Committee of the County Borough of Rochdale.**

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health conditions in the County Borough of Rochdale and on the work of the Public Health Department for the year 1955.

The year's statistics once again show a very small improvement in the population of the town and a continuing improvement in the housing of the population.

It is true that only 408 new Corporation houses were added during the year, as compared with 542 in the previous year, and it is feared that there will be a greater slowing up during 1956. The Housing Survey is now practically completed, certainly so far as those districts containing, or likely to contain, poor quality houses. The up-to-date total, i.e. including the additional areas surveyed, and excluding houses previously counted and which are now closed or demolished, remains at 4,852, which at the end of 1955 are to be dealt with.

The slight increase in the Birth Rate and a slightly greater increase in the general Death Rate leaves the margin of gain between births and deaths still smaller.

The outstanding feature of the year is the very low Infantile Mortality Rate. Last year the Mortality Rate of 23 per thousand was regarded as an outstanding feature of the year. Here in 1955 we are able to record a Rate of 17 per thousand, a figure lower than anything we would have dared to forecast in the 1950's. The strengthening of this very strong position is further emphasised by the fact that we have already created three records in 1953, 1954 and now in 1955. As we go to press in July, 1956 there is no evidence of a return to the previous unsatisfactory figures.

The Registrar General's Report for the year 1955 contains a list of towns in England and Wales with a population of 50,000 and over, giving their Birth Rates, Death Rates and Infantile Mortality Rates. In this list there are very few with Rates lower than Rochdale for that year. Those which did have lower Rates are three Metropolitan Boroughs, seven towns in Greater London, together with Bournemouth, Canterbury, Chester, Crosby, Hove, Luton, Norwich and Watford. Hove is the lowest of all with 10.4 per thousand.

The geographical distribution of all these towns in relation to Rochdale is interesting. A very large proportion of the towns geographically close to Rochdale have Rates twice that of Rochdale.

The number of infectious diseases cases was very considerably increased, but mainly by reason of an outbreak of Measles with 1,394 cases, as compared with 137 in 1954. After having no cases of Poliomyelitis in 1954, it was disappointing to have to record ten this year. On the other hand, Rochdale has been very fortunate in its experience in this direction in comparison with many other districts.

Attention is drawn elsewhere to the very rapid fall in the Death Rate from Tuberculosis. One must not jump to conclusions too quickly. Nevertheless, today's death rate is one sixth what it was in 1937 and one quarter what it was in 1945. Thus the decline is continuous as well as rapid. It is obvious that a completely new era in Tuberculosis outlook is dawning. Incidentally, it might also be noted that there were no Tuberculosis germs in any of the 78 samples of milk taken during the year.

It is interesting to note that a low Infantile Mortality Rate and a low Tuberculosis Rate are each regarded as a mark of high standards of hygiene and to result from such standards. High rates of Poliomyelitis incidence occur not where the standards of living are low, but where they are high. Whether they occur as a direct outcome of these high standards or not, it is at present uncertain.

As forecast in last year's Report a solid start was made on the problem of improving conditions in houses let-in-lodgings in the Borough.

In the section dealing with Food Poisoning, we are reminded, fortunately, therefore, in a mild manner, of the importance of cleanliness in the preparation of food. Actually, the Department was also involved in the investigation of an outbreak which occurred in another district, but where the material causing the outbreak originated in Rochdale.

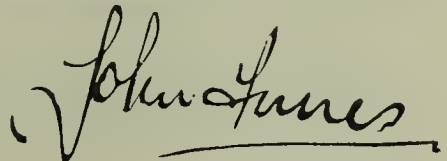
I wish to take this opportunity of putting on record once more my appreciation of the work performed through the year by all the sections of this Department. There have been many difficulties of staffing and it has not always been easy to meet the demands of the public.

On behalf of the Department and myself I acknowledge the support given during the year by the Chairman and Members of the Health Committee and its Sub-Committees.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,



Medical Officer of Health
and School Medical Officer.

1st August, 1956.

STATISTICS.

Year ended 31st December, 1955.

Area (in acres)	9,556
Registrar-General's Estimate of Population, mid-year 1955 ...	86,490
Number of Inhabited Houses (Census 1951)	29,426
Number of Houses on Corporation Estates (December, 1955) ...	6,683
Number of Houses on Corporation Estates (December, 1954) ...	6,275
Estimated sum represented by a Penny Rate	£2,375
Rateable Value	£602,668
Estimated expenditure on Health Services provided for by rates ...	£59,480

	Total	M.	F.
Live Births —Legitimate	1,183 ...	617 ...	566
Illegitimate	80 ...	40 ...	40
	<u>1,263</u>	<u>657</u>	<u>606</u>

Birth-rate per 1,000 of the estimated population ... 14.6

Still-Births 39—Rate per 1,000 total (live and still) births ... 29.9

	Total	M.	F.
Deaths	1,230 ...	611 ...	619

Death-rate per 1,000 of the estimated population ... 14.2

Deaths from Maternal Causes 1.

Rate per 1,000 total (live and still) births 0.77

Death-rate of Infants under one year of age (21 deaths).

All infants per 1,000 live births	17
Legitimate Infants per 1,000 legitimate live births (18) ...	15
Illegitimate Infants per 1,000 illegitimate live births (3) ...	37

	Deaths	Rate per 1,000 of population
Cancer... ..	204	2.36
Tuberculosis (all forms) ...	10	0.11

VITAL STATISTICS

Population.

The Registrar General's estimate of the population as at mid-year 1955 is 86,490. This compares with the mid-year estimate of 86,770 in 1954, and the 1951 Census figure of 87,734. During 1955 there was an increase both in births and deaths as compared with last year and the margin of births over deaths is still steadily decreasing.

Live Births.

The live birth rate was equal to 14.6 per 1,000 of the estimated population. The figure for the previous year was 14.3. For the ten years 1945-54, the average birth rate was 16.0 per 1,000.

The proportion of illegitimate births was above the previous figure, 80 this year as compared with 75 last year, representing 6.3% of the total births. In the last six years the figure has varied between 6.0% and 6.7%.

Still Births.

There were 39 still births recorded, as against 33 in 1954. The average for the preceding five years was 34 still births.

Infant Mortality.

There were 21 deaths registered under one year of age, equal to a mortality rate of 17 per 1,000 live births registered. This is the lowest figure ever recorded for the County Borough, being six per 1,000 less than 1954, the previous lowest rate. It compares with 29 deaths and a rate of 23 per 1,000 live births last year.

In the 1953 Report it was stated that further decreases in the mortality rate must depend upon action in respect of premature birth. The truth of this remark was clearly emphasised by the results in the 1954 Report. This year there is little difference in the prematurity results. The decrease is accounted for under the heading "Other Causes", but from this miscellany it is difficult to draw conclusions. The 1954 figures did include three deaths from Rhesus incompatibility, while there were none due to this cause in 1955.

The following Table which sets out the fate of 99 Rochdale children who were prematurely born during the year is of continuing interest. It does not indicate survival in any stages beyond three months, because the follow-up of children born at the end of the year must cease at the time of the preparation of this Report, i.e. April, 1956.

The figures in this Table do not coincide with those given elsewhere as deaths during the year due to Prematurity. It is, however, strictly comparable with the Table given in the Reports for the last few years.

In 1953, children born so prematurely as to weigh less than 4½ lbs. numbered 34, in 1954 these were reduced to 19, and this year have risen again to 29. In spite of this, the total survival rate has improved, which would appear to indicate continuing improvement in the care of the premature child. It is re-assuring to know that there was 100% survival in the prematurely born children whom it was considered safe to nurse at home.

Premature Births during 1955.

BIRTH WEIGHT	PLACE OF BIRTH			TOTAL	DEATHS								CHILDREN SURVIVING OVER 3 MONTHS				
	Home	Birch Hill Hospital	Other Hospitals		In first 24 hours		24 hours to 7 days			7 days to 28 days		28 days to 3 months		H.	B. H. H.	O. H.	Total
					H.	B. H. H.	H.	B. H. H.	O. H.	H.	O. H.	H.	B. H. H.				
3 lbs. 4 ozs. or less ...	1	6	1	8	—	2	1	1	1	—	—	—	—	—	3	—	3
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	6	15	—	21	—	—	—	1	—	—	—	—	—	6	14	—	20
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	3	14	—	17	—	1	—	1	—	—	—	—	—	3	12	—	15
5 lbs to 5 lbs. 8 ozs.	18	34	1	53	—	—	—	—	—	—	—	—	—	18	34	1	53
Totals	28	69	2	99	—	3	1	3	1	—	—	—	—	27	63	1	91

The Table below shows comparative figures for Infantile Mortality :—

Year	Deaths Registered	Rate per 1,000 Nett Live Births	Year	Deaths Registered	Rate per 1,000 Nett Live Births
1945	56	44	1950	64	47
1946	75	49	1951	69	54
1947	95	55	1952	52	39
1948	57	38	1953	40	31
1949	56	41	1954	29	23

In recent years a shift of interest has taken place from Infant Mortality, that is the deaths of children under one year of age, which has declined very considerably, to Neo-natal Mortality, that is deaths of infants in the first four weeks of life, which has not declined to the same extent. More recently a further concept has developed to include the loss of infant life where it occurs immediately

before birth, during birth, or very soon afterwards. To this, the term Peri-natal Mortality has been tentatively applied. Very largely, it is suggested, the same causes might result in stillbirth, in death during childbirth or during the first week of an infant's separate life, and it is often merely a matter of chance in which of these phases death occurs.

The following Table sets out Rochdale's experience in this respect during the last ten years, in other words, in more or less normal conditions after the war.

Year	Live Births	Still Births	Infant Deaths	Neo-natal Mortality	Early N.N.M.	P-n.M. Col. 3+6
1	2	3	4	5	6	7
1946	1,521	54	75 (49)*	47	35	89 (56)†
1947	1,725	51	95 (55)	59	40	91 (51)
1948	1,500	50	57 (38)	33	27	77 (50)
1949	1,362	39	56 (41)	37	32	71 (50)
1950	1,371	38	64 (47)	37	35	73 (52)
1951	1,275	31	69 (54)	47	39	71 (54)
1952	1,321	29	52 (39)	33	31	60 (44)
1953	1,297	33	40 (31)	32	27	60 (45)
1954	1,243	33	29 (23)	21	16	49 (38)
1955	1,263	39	21 (17)	15	14	53 (40)

The figures in brackets show:— * rates per 1,000 live births.

† rates per 1,000 live and stillbirths.

Infant deaths are the deaths under twelve months of age. Neo-natal mortality is the number of deaths which occur in the first four weeks of life, and early neo-natal mortality the number of these deaths which occur in the first six days of life. The last column, therefore, represents the loss of infant life at the actual confinement, just before confinement and soon after birth.

Deaths from all causes.

The deaths registered number 1,230, which is higher than the figure of last year, 1,198. This total was made up of 611 males and 619 females. During the year the males died much more from Coronary Disease than did the females, whereas the females died much more from Other Heart Diseases.

The general tendency was for the male deaths to exceed the female deaths in the age groups up to 65. Equality has been established in the 65-75 age group, and the female deaths exceed the male deaths in the over 75 age group.

The death rate from all causes was 14.2 per 1,000 of the estimated population, as compared with 13.8 in 1943 and an average of 14.9 during the ten years 1945-1954.

The chief causes of death are given in comparison with the previous year.

	1955	1954
Tuberculosis	10	14
Cancer	204	175
Cerebral Haemorrhage, etc.	187	208
Heart Disease	411	382
Other Circulatory Diseases	82	86
Bronchitis	73	59
Pneumonia (all forms)	29	40
Motor Accidents	13	11
All Other Accidents	39	20
Suicide	14	15
	<hr/> 1,062 <hr/>	<hr/> 1,010 <hr/>

From the above list certain diseases which have appeared for many years have been dropped, because they have ceased to be significant.

It rather looks as though Pulmonary Tuberculosis may soon join that group. On the other hand, Motor Accidents and All Other Accidents have been added as now significant groups and significant risks of the present generation.

Table I Appendix (Page 76) shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix (Page 77) shows the age and sex distribution, and the causes of deaths in 1955.

The following Table shows the tremendous change which has taken place in the expectation of life during the last forty years. It will be noted that no really significant percentage of deaths occurs below the age of 45 years.

Percentage of Deaths in year groups, distributed according to age at death.

Age Group	1915	1925	1935	1945	1955
Under 15 years	24	17	10	6	3
15—45 years	18	15	12	8	3
45—65 years	28	31	30	26	26
65 years and over	30	37	48	60	68

Respiratory Diseases.

This group of diseases caused 111 deaths as compared with 109 in 1954. Pneumonia caused 29 deaths (4), Bronchitis 73 (59) and other respiratory affections 9 deaths (10). 67% of these deaths occurred in persons 65 years old or over.

Cancer.

Deaths classified to this cause and shown in the age groups below number 204 (males 101, females 103) as against 175 in the previous year:—

	Total deaths	Under 15 years	15-45 years	46-65 years	65 years and over
Year 1955 ...	204	—	9	79	116
Year 1954 ...	175	2	9	79	85

The alteration, as last year, occurs mainly in the 65 year old and over group. On the other hand, there is still some evidence of a relative increase in Lung Cancer.

The death rate was 2.36 per 1,000 of the estimated population as against 2.02 per 1,000 for the previous year.

Comparative Mortality and Birth Rates.

	Death-rate All Causes per 1,000 of population	Live Birth-rate per 1,000 of population	Infant Mortality per 1,000 live births
ROCHDALE	14.2	14.3	17
Average 12 neighbour- ing manufacturing towns	13.30	15.25	30
Administrative County of Lancaster ...	13.2	14.9	27
Great Towns	11.6	14.9	25.1
Smaller Towns ...	11.6	14.9	25.2
ENGLAND AND WALES	11.7	15.0	25

These provisional figures are corrected only for transfer and institutions, and make no allowance for variations in the age and sex distribution of the population in different areas.

General Provision of Health Services.

Administration.

The Health Committee of the County Borough Council is responsible for all the Health Services, including those established under the Health Service Act, 1946, allocating certain duties to the following Sub-committees :—

- (a) Sanitary Sub-committee
- (b) Accounts and Staffing Sub-committee
- (c) Domiciliary Services Sub-committee.

The Health Committee receives direct reports dealing with the Mental Health and the Ambulance Services.

This arrangement has worked satisfactorily and no further extension of the Sub-committee principle is contemplated.

Co-ordination and Co-operation with other parts of the National Health Service.

All arrangements outlined in detail in the 1952 Report remain in operation. There have been no major developments during the year.

Clinic and Treatment Centres.

The hours of clinic sessions and the situation of centres are as shown :—

	Mon.	Tues.	Wed.	Thurs.	Fri.
I.—Maternity & Child Welfare					
(A) St. Luke's School, Deeplish	10—12 noon 2—4 p.m.	—	—	—	—
(B) St. Clement's School Spotland Bridge ...	—	10—12 noon 2—4 p.m.	—	—	—
(C) Council Offices, Norden	—	—	—	2—4 p.m.	—
(D) Baillie St. Council School	—	—	2—4 p.m.	2—4 p.m.	10—12 noon
(E) Castleton Wesleyan School, Essex Street	—	—	—	—	10—12 noon 2—4 p.m.
(F) Bamford Working-men's Club	—	—	—	1st in each month 10—12 noon	—
(G) Kirkholt Infants' School, Hartley Lane	—	2—4 p.m.	2—4 p.m.	—	—
II.—Ante Natal (Baillie St. Council School)	9.30 a.m. to 11 a.m. 2—4 p.m.	5.30 to 7.0 p.m.	9.30 a.m. to 11 a.m.	9.30 a.m. to 11 a.m.	—
III.—Post Natal (Baillie St. Council School)	—	—	—	—	2—3.30 p.m.
IV.—Family Planning Clinic (Baillie St. Council School)	—	2—4 p.m.	5.30—7 p.m.	—	—
V.—Clinics Provided by the Education Committee—	See page 23				

The work in connection with the Corporation Clinics is set out in detail in the respective sections in this Report.

HOME NURSING

This Service continued to be run on an agency basis by the Rochdale District Nursing Association.

The Local Health Authority is represented by two members of the Health Committee and its Medical Officer of Health on the Association's Committee. Two members of the Association's Committee attend the Domiciliary Services Sub-committee.

The staff of the Home consists of the Superintendent, an Assistant Superintendent, 13 fully-trained female District Nurses and five female candidates under training, two fully-trained male District Nurses and four part-time Nurses.

During the year 87,472 visits were paid to 3,439 patients. Of these 2,840 were new patients, most of whom were referred by general practitioners, but some were sent by hospitals, clinics and the Public Health Department.

Among these 3,439 patients, the following are the main groups of conditions treated:—

Anaemias	...	...	...	...	...	...	...	...	332
Arthritis and Rheumatism	...	...	...	...	...	...	...	...	69
Bronchitis	...	...	...	...	...	...	...	...	314
Other respiratory diseases	...	...	...	...	...	...	...	...	94
Burns and Scalds	...	...	...	...	...	...	...	...	45
Cancer	...	...	...	...	...	...	...	...	130
Cardiac disease	...	...	...	...	...	...	...	...	403
Cerebral lesions	...	...	...	...	...	...	...	...	144
Ear, Nose and Throat conditions	...	...	...	...	...	...	...	...	225
Gastro-intestinal disorders	...	...	...	...	...	...	...	...	209
Gynaecological conditions	...	...	...	...	...	...	...	...	91
Septic lesions	...	...	...	...	...	...	...	...	200
Post-operative dressings	...	...	...	...	...	...	...	...	266
Senility	...	...	...	...	...	...	...	...	125
Skin conditions	...	...	...	...	...	...	...	...	40

The following is a summary of the work done during the year:—

		1955	1954
Patients on the books 1st January	...	599	545
New patients during the year	...	2,840	2,849
Total nursed	...	3,439	3,394
Total discharged	...	2,821	2,795
Remaining on books 31st December	...	618	599

Method of Discharge.

	1955	1954
Convalescent	1,575	1,717
Removed to Hospital	383	358
Relieved	575	277
Died	288	443
Total visits paid to 3,439 patients	87,472	
Total visits paid to 3,394 patients		86,129

Included in the above figures for 1955 are the following patients who suffered from Infectious Diseases :—

	Patients	Visits
Pneumonia	73	864
Tuberculosis	62	2,499
Others	46	380
	181	3,743

Of the total visits, 1,478 were paid to 173 children under five years of age.

Considering all the various and varying factors which operated throughout the year in staffing as well as in sickness, it is remarkable how closely the figures for this year approximate to those of 1954.

Probably in only two directions are there significant alterations. There was a very considerable decrease in the number of septic lesions requiring treatment, which numbered 299 in 1954 and only 200 this last year, and in the maternal complications which numbered 76 the previous year requiring over 800 visits and 48 this year requiring 573 visits.

Every month the Secretary of the Association is able to record the receipt of numerous letters expressing the gratitude of the public for the skill of the nurses, their devotion to duty and the general air of helpfulness which they introduce into the homes they visit.

MORBIDITY.

The Department continues to receive from the Manager of the Local Office of the Ministry of National Insurance a weekly return of the figures of new claims to sickness benefit. This scheme of information was first mentioned in the 1949 Report. There has been no change in the form of the records which are still un-analysed and still cover an area wider than Rochdale itself, since it includes the postal districts of Whitworth and Milnrow.

The pattern of the graph of sickness followed very closely that of 1954. In neither year was there any major disturbance because of sickness, such as appeared in the Spring months of 1950, 1951 and 1953.

UNEMPLOYMENT.

I am indebted to the Manager of the Rochdale Employment Exchange for information regarding the state of unemployment in Rochdale and the adjoining districts of Wardle, Whitworth and Milnrow.

The average number of unemployed persons on the register during the year ended 31st December, 1955, was as follows:—Men 174, Women 571, making a total of 745. The corresponding figures in 1954 were Men 143, Women 129, totalling 272.

I am also informed that in the middle of 1955 there were approximately 53,843 insured persons (30,379 Men, 20,516 Women and 2,948 Juveniles) in employment in the area.

AMBULANCE SERVICE.

At the end of the year the fleet comprised four ambulances, one sitting-case car and two dual purpose vehicles, together with one 10-horse power car, mainly used for midwifery and general duties. The personnel consisted of 1 ambulance officer, 22 driver/attendants and 2 telephonists.

The service continues to operate from a separate garage, housing vehicles, staff on duty, telephone switchboard, radio-control and office. No vehicle replacements have been made during the year.

The Austin taxi, powered by a diesel engine, has continued to give economical service, whilst the introduction in December 1954 of the Bedford Lancastrian Minor ambulance, referred to above as a dual purpose vehicle, has proved entirely satisfactory not only from the patients' point of view, but also as an economic measure.

During the year the Ambulance Sub-committee considered various matters affecting the Ambulance Service, including staff duty rota schemes and vehicle replacement. In view of the success of the Lancastrian Minor, a vehicle designed to carry 9 sitting cases or alternatively 4 sitting cases and 1 stretcher case in emergency, it was decided that the next ambulance to be disposed of should be replaced by a further vehicle of this type.

In the following table the heading "Other Persons" is included in addition to "Patients" in conformity with the annual statistical returns submitted to the Ministry. This makes it possible to include in statistics the number of persons conveyed to and from the Occupation Centre, Clinics and other institutions as well as the removal of patients and midwifery visits. Comparable figures for

the whole of 1954 are not available and this fact should be noted when making comparison between the two years.

During the past year, ambulances removed 16,268 patients, involving 61,596 miles, the dual purpose vehicles removed 4,728 patients, involving 20,345 miles, the sitting-case cars removed 3,800 patients, involving 25,389 miles, and 12,479 other persons were transported, involving, together with general transport, 30,475 miles

	BOROUGH						COUNTY AND OTHERS					
	Ambulances		D.P. Vehicle		S.C. Cars		Ambulances		D.P. Vehicle		S.C. Cars	
	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954
PATIENTS :												
Emergency ...	1215	1313	134	31	184	128	24	13	-	-	-	1
Ordinary Removals ...	15014	19130	4594	1470	3612	2898	15	5	-	-	4	-
Other Persons ...	358	81	7548	1363	4573	1448	-	-	-	-	-	-
Totals ...	16587	20524	12276	2864	8369	4474	39	18	-	-	4	1
MILEAGE :												
Removals ...	61208	80084	20345	6033	25300	23490	388	165	-	-	89	5
General Trans. ...	191	651	8692	7412	7988	13789	-	-	-	-	-	-
Lost Journeys D.D.	671	165	351	95	843	222	-	2	-	-	-	-
Midwifery ...	28	36	1441	303	10270	7941	-	-	-	-	-	-
Totals ...	62098	80936	30829	13843	44401	45442	388	167	-	-	89	5
CALLS :												
Total Calls ...	11469	3499	4089	447	5807	1658	36	19	-	-	4	1
Transmitted by Radio ...	7232	2548	1684	178	1708	488	4	3	-	-	-	-

The number of emergency removals shows a slight increase over the previous two years, but ordinary removals, i.e. cases admitted from the waiting lists, outpatients, etc., have decreased slightly. The total mileage for the year was reduced by 2,588 miles against 1954. As previously mentioned, the number of persons carried cannot be compared because figures for previous years are not available. Journeys such as these were undertaken in previous years but only the mileage appeared in statistical tables.

The provision of two-way radio has proved to be a decided asset, and has increased the efficiency of the service. The fact that vehicles no longer require to return to the depot after completing a journey, but can be directed to other emergency or routine calls whilst on the district undoubtedly avoids considerable unproductive mileage.

The radio equipment was installed on the 25th May, 1954, initially for a trial period of three months. As indicated in previous comments, 2,588 fewer miles were covered in 1955 in removing a similar number of emergency and ordinary cases and probably 1,000 more "persons" than in 1954, when radio was in

use for only seven months. It is difficult to produce statistical data supporting claims of economies effected through the adoption of radio tele-communications, because of the constantly changing pattern of the work. The most reliable basis of comparison appears to be "number of miles per patient". To ensure comparability all journeys involving over 50 miles have been excluded, as in such instances the vehicles would normally be out of reach of radio tele-communications. Also, only actual "patients" and not "persons" carried have been taken into account in making the calculations.

In 1953, the average number of miles per patient was 5.6, in 1954 it was 4.9, and in 1955 it was 5.0. From this it may be deduced that there was a 10.7% saving in miles per patient in 1955 as against 1953. It has been noticed that the number of journeys to Manchester hospitals and other out-borough journeys has increased considerably over the past year. For instance, selecting the months March, June and October, 196 patients, involving 4,554 miles, were taken out of the Borough in 1953, as against 444 patients, involving 7,939 miles in 1955. The greater portion of these cases were journeys of less than 50 miles and are, therefore, included in the totals on which the miles per patient is calculated. The inference is that but for this factor an even greater economy could be claimed.

LABORATORY FACILITIES.

Throughout the year the bacteriological examination of Milk, Water and Ice-cream has been carried out at the Public Health Laboratory at Monsall Hospital, Manchester.

Individual specimens from individual patients are still referred to the local Hospital Laboratories, from which information of epidemiological importance is passed either to the Public Health Laboratory or to the Medical Officer of Health, or to both.

The chemical analysis of water, as well as of milk and foodstuffs taken under the Food and Drugs Act, is performed by the Borough Analyst.

HOSPITALS.

The hospital services in the district provide 1,375 beds for patients. This total number of beds and the units of which it is made up are both under constant review to meet changing needs in the area. It is notable that this district is not affected by the long waiting lists for admission which exist in many other areas.

MATERNITY HOMES.

At the end of the year there was one dwellinghouse registered as a Maternity Home for three patients at 78 Louise Street.

Maternity and Child Welfare

Notification of Births—Public Health Act, 1936.

There were 1,345 births, all notified by midwives, as belonging to Rochdale. This figure includes 680 occurring at Birch Hill Maternity Home and 23 in other hospitals, which are classified to Rochdale.

Health Visitors.

Work has continued to increase in this section. During the past year Kirkholt Clinic was opened on the 26th April. There are two sessions on Tuesday when a Health Visitor is in attendance and food is sold, and one session on Wednesday afternoon when there is also a doctor in attendance.

In all, the Health Visitors now attend thirteen Child Welfare Clinics and five Ante-natal Clinics each week. This work reduces the number of hours which are available to the Health Visitors on their own districts, so that in April a Clinic Nurse was appointed to assist in the clinics and to organise immunisations done in the mill nurseries and in parents' homes where there is unwillingness to attend the Child Welfare Clinics. During the year 24 children were immunised against Whooping Cough in their own homes.

At the end of the year there were eight Health Visitors on the staff. Miss Redhead started duty on the 28th April, before completing her examinations, and qualified as a Health Visitor in June, having done her course of training in London. Miss Hughes left in October to take up a School Nurse post in Canada. One student Health Visitor joined the staff in August and will be training in Manchester until she qualifies in June, 1956.

During the year a student Health Visitor from Bolton came to do her practical work in Rochdale and was successful in obtaining her Health Visitor's Certificate in June. In September, two more students came to Rochdale for their practical work prior to the examination in June, 1956.

Unfortunately, there has been a considerable amount of sickness amongst the Health Visitors, so that it has been very difficult to cover all the work adequately. Visits to babies under one have had priority over visits to older children who are known to be living in suitable conditions and to be healthy. Owing to the shortage of staff, transport has been made available since November for one half day per week and the Health Visitors have taken it in turn to cover as large a number of outlying visits as possible in that session. This has been most helpful.

The following Table summarises the Health Visitors' work, both in respect of Home Visiting and of attendances at clinic sessions and nurseries:—

	1955	1954
Primary visits to births	1,162	1,189
Primary visits re stillbirths	39	29
Subsequent visits to infants under 1 year	5,835	8,465
Subsequent visits to young children 1-2 years	3,496	4,189
Subsequent visits to young children 2-5 years	6,123	7,726
Ante-natal cases	3	8
Maternal and infant deaths	21	22
Daily guardians, etc.	2	1
Infectious diseases	1,538	498
Incomplete visits	2,141	2,714
Sanitary defects	12	16
	<hr/> 20,372	<hr/> 24,857
Ante-natal and post-natal clinics... ..	249	254
Child welfare clinics	825	791
Nursery schools	109	134
Industrial nurseries	3	8
	<hr/> 21,558	<hr/> 26,044

A full-time Social Worker was appointed in August and she is able to relieve the Health Visitors of some time-consuming duties in the homes of "problem families".

Although there is improvement in many ways, one very disappointing feature still remains. On looking back through the Health Visitors' records there are far too many reports such as "no fireguard", "fireguard present, but not in use—danger pointed out to mother", "mother advised always to protect fire by fireguard", "mother reminded about fireguard", "still no fireguard". It seems to be such a tragedy that a happy healthy child should suffer disfigurement or physical disability due to burns which could have been avoided by careful use of a fireguard. Parents sometimes forget that an electric or gas fire is just as much a source of danger to a child as a coal fire and they forget to guard their children from them.

Mill nurseries are visited quarterly by the Medical Officer and more frequently when immunisation is performed. During the year two of these mill nurseries have closed.

Expectant and Nursing Mothers.

Ante-natal Clinics—The arrangements here are the same as mentioned in last year's Report. Monday afternoons are set aside for patients who are to be confined at home. Attendances have improved, 95% of the total notified births having attended the Ante-natal Clinic. In addition to the routine blood tests and medical examinations, the patients who are to be confined at home now have the opportunity to attend ante-natal relaxation exercise classes. These started in October and take place every Thursday evening. Mrs. Lumb, a qualified Physiotherapist, takes the classes at Baillie Street Clinic and a Health Visitor also attends to give Health Education lectures.

In September, the Head Teacher of the Further Education Centre in Baillie Street very kindly offered to start classes for expectant mothers to teach them how to make clothes for themselves and the baby, and soft furnishings for the nursery. These classes have taken place on Monday mornings and the mothers have taken a great interest in the work. Probably if there were more space available on the actual clinic premises these classes would increase in size. One looks forward to the day when larger clinic premises will be available to include classrooms for mothercraft and cookery teaching. So much more can be done when these classes take place in the actual clinic premises where the expectant mother attends.

Post-natal Clinic—There is one post-natal clinic held weekly in the same premises, conducted by the same Consultant Obstetrician and Gynaecologist.

The following cases were all booked for home confinement at first, but developed complications either in the ante-natal period or at the time of confinement, which resulted in admission to Birch Hill Hospital :—

Breech presentation	...	...	...	...	...	.....	...	1
Ante-partum Haemorrhage		...	...	...	...	...	...	5
Toxaemia	...	...	...	...	...	...	...	2
Mal-presentations	...	...	...	...	...	...	...	4
Prolonged 1st or 2nd stage labour			...	...	...	...	...	4
Retained Placenta	...	...	...	...	...	...	...	1
Hysteria	...	...	...	...	...	...	...	1
Hydramnios	...	...	...	...	...	...	...	1
Anaemia (including one with other complications)					...	...	...	5
Syphilis	...	...	...	...	...	...	...	1
Rh. Negative, (including one with anti-bodies)					...	...	...	4
								<hr/>
					Total	...	...	29

The number of women who attended the clinics and the attendances made by them are set out in the following Table. The distinction made between persons resident in the County Borough and those resident outside is maintained purely for the purpose of this Report. Within the clinic itself no such distinctions are made.

				Rochdale Borough		County Districts		Total	
				1955	1954	1955	1954	1955	1954
(1) ANTE-NATAL CLINICS									
(a) No. of Expectant Mothers attending (New Cases)	...	...	...	1,215	1,124	181	169	1,396	1,293
(b) No. of attendances (Old and New Cases)	...	...	...	7,996	8,110	1,437	1,389	9,433	9,499
(c) Average attendances per clinic session	...	...	...	32.4	32.8	5.8	5.6	38.2	38.4
(2) POST-NATAL CLINIC									
(a) No. of Mothers attending (New Cases)	...	...	...	450	477	141	118	591	595
(b) No. of attendances (Old and New Cases)	...	...	...	508	524	165	125	673	649
(c) Average attendance per clinic session	...	...	...	10.6	11.2	3.4	2.6	14.0	13.8

Emergency Maternity Unit.

Under arrangements made by the Rochdale and District Hospital Management Committee, this Unit, based at Birch Hill Hospital, is available on call at all times within the Hospital Management Committee's area. The service was not called upon at all during the year.

Maternity Home.

The number of Rochdale women admitted to the Maternity Home at Birch Hill Hospital for confinement was 703, two of whom gave birth to their babies before admission.

The number of babies born in hospital and classified to Rochdale was 680 live births and 31 stillbirths.

Child Welfare Centres.

It is encouraging to note that the actual number of children between birth and five years who have attended the Child Welfare Clinics has increased considerably and this would suggest that the mothers are beginning to respond more readily to the Health Visitors' invitations to attend the clinics. In fact, 80% of the children born in the County Borough have attended the clinics.

As has already been mentioned, the clinic at Kirkholt Infant School, Hartley Lane, was opened in April. This is a temporary measure until the new clinic is built. It is certainly a great deal better than having no clinic at all, but the space available for waiting is very small and as the mothers have to wait in a draughty corridor, it is natural that some of them are not very willing to undress their babies in cold weather. The attendances at this clinic depend on the weather conditions more than at any of the other clinics in the town. Owing to the fact that Kirkholt clinic is held on Wednesday afternoons, it is necessary to have two doctors available. Dr. Burbidge has taken over Baillie Street clinic on Wednesday afternoons since the 31st August. Previous to her appointment, the Department was very grateful for the help which was given by the doctors from Birch Hill Hospital.

Vaccination against Smallpox started at the Child Welfare Clinics in August and is now available during the first week in each month. Parents are beginning to co-operate very well and on some occasions as many as eight infants have been vaccinated in one session. Mothers are becoming re-assured when they realise that the procedure only involves one small area of skin on the upper arm and that it does not leave the disfiguring scars of many years ago when some of the old-fashioned instruments were used. Very few babies even cry when they are vaccinated by the multiple pressure technique. Immunisation against Whooping Cough and Diphtheria continued as before.

The sale of welfare foods takes place at all the Child Welfare Clinics, as well as at the Public Health Office. Orange juice, cod liver oil, half-cream and full-cream National Dried Milk are sold, along with a few proprietary brands of milk and cereals. There is, unfortunately, an increasing number of mothers who buy proprietary synthetic orange juice instead of the Government orange juice. This is probably because it is delivered to the house by the milkman, which is much easier for the mother, and it is very difficult to persuade the mothers that they are spending money foolishly, and that there is very little, if any, Vitamin C in these preparations.

There were 109 children under five referred to the various Consultant Clinics, mainly because of (a) Eye conditions (49); (b) Ear, Nose and Throat conditions (7); (c) Orthopaedic conditions (20) and (d) Dental conditions (10).

The following Table shows the attendances at the Clinics during 1955:—

Centre	New Cases admitted during 1955	Total Attendances of Children			Average Attendance per Clinic Session	No. of Medical examinations by M.O.
		under 1 yr.	1—2 yrs.	2—5 yrs.		
(a) Baillie Street * (Wardleworth)	120	1,107	277	265	† 33 (42)	843
(b)*St. Luke's ...	227	2,488	573	423	36 (42)	1,720
(c)*St. Clement's ...	138	1,998	716	690	34 (30)	1,169
(d) Baillie Street *(Castleton) ...	148	1,402	256	288	39 (38)	939
(e) *Castleton ...	126	1,816	688	783	34 (38)	1,137
(f) Norden ...	39	762	266	291	26 (27)	411
(g) Baillie St. (Comb.)	70	561	103	98	16 (23)	475
(h) Bamford ...	6	61	51	36	12 (16)	67
(i) Kirkholt ...	122	987	220	542	17 (—)	510
Totals ...	996	11,182	3,150	3,416	—	7,271
Corresponding Figures 1954 ...	939	11,077	3,442	2,873	—	7,229

* Two Clinic Sessions per week.

† Figures in brackets are for 1954.

Medical records of children attending these clinics are subsequently transferred to the School Medical Services Department, with which close liaison continues for such things as regular dressings, dental treatment and for defects of Ear, Nose and Throat, and Eyes.

The Department continues to be indebted to the Ladies' Voluntary Committee for all their help and co-operation. It is hoped that the social side of the clinics will be developed more and more in the future, but it is evidently not easy to recruit new members to this Committee.

Care of Premature Infants.

Provision, so far as equipment is concerned, has been made for domiciliary care of the prematurely born infant, if necessary. Almost invariably, however, infants are transferred to hospital by special transport provided by the Authority's Ambulance Service.

The Premature Baby Unit which was opened at Birch Hill Hospital in March, 1954, completed its first year of service to infant welfare in this district and reference has already been made to this work in the section dealing with premature births.

During the year 107 children were nursed in the Unit, 78 of these being prematurely born babies and 29 being babies who were weakly at birth from other causes than prematurity.

Dr. Wolman, Consultant Paediatrician, holds a special clinic at the Health Department once a month for children in Rochdale born prematurely at home. These infants continue to be brought to this clinic until they are six months old. This clinic is in addition to the Consultant Paediatric Clinic held weekly at Smith Street Clinic, to which 12 children were referred during the year.

Children born prematurely at Birch Hill Hospital attend the hospital there for their examinations.

This Health Department clinic, to which other children can be referred, forms a very useful meeting point for the Child Welfare and School Medical Officers and the Health Visitors, with Dr. Wolman and his staff.

The first examinations have now been carried out in the School Medical Department of children who were born prematurely and who have now reached school age, who have been made the subject of a special survey.

Distribution of Welfare Foods.

The arrangements for the distribution of welfare foods continued as previously reported. Distribution points are situated at the various Child Welfare Clinics during clinic sessions and the Public Health Offices, Baillie Street, during normal office hours and on Saturday mornings from 9-0 a.m. to 12-30 p.m.

When the responsibility for the distribution of Cod Liver Oil, Orange Juice, Vitamin Tablets and National Dried Milk was transferred to the Local Health Authority in June, 1954, three full-time female assistants were appointed. In May, 1955, some slight revision was made when it was found possible to operate the service with two full-time assistants and one part-time assistant.

During the year 44,884 tins of National Dried Milk, 11,036 bottles of Cod Liver Oil, 62,237 bottles of Orange Juice and 3,887 packets of Vitamin Tablets, were distributed. Whilst the average distribution of National Dried Milk has maintained a level somewhat less than the average stated to have been the case prior to the date of transfer, the average distribution of Orange Juice has maintained a higher level, particularly during the month of July, when, during the week ending 23rd July, 1,860 bottles of Orange Juice were distributed. Cod Liver Oil and Vitamin Tablets continue to maintain an average distribution, fluctuating with the seasons of the year.

Dental Care.

In the last quarter of 1954 the Local Education Authority was able to obtain a third full-time School Dentist and this position was maintained throughout 1955 until the first Assistant resigned in December. During the year 89 mothers

and 28 children from the Ante-natal and Child Welfare Clinics attended for dental care.

Orthopaedic Clinic.

During the year twenty children under five years were referred to the Hospital Management Committee's Clinic to be examined by Mr. A. P. Gracie. Various minor forms of defect are dealt with at the Child Welfare Clinics.

DOMICILIARY MIDWIFERY SERVICE.

One Midwife left in November, so that the staff was reduced to six. They continue to work, each in her own district, under the supervision of the Non-medical Supervisor. Owing to the shortage of staff and increased holidays, more transport has been used for the conveyance of Midwives, particularly on relief work to other districts.

The balance between hospital and home confinements has been arranged so that Pupil Midwives are able to get their training on the district. In all, 17 Pupil Midwives have completed their Part II training during the year and 16 have been successful in passing their examinations.

All mothers expecting their first babies and who book a bed early, and any expectant mother with medical complications, will still be given a bed. In other cases, the home circumstances are investigated by the Midwife to see whether the home and social circumstances make the allocation of a hospital bed advisable.

All Midwives are qualified to give gas and air analgesia. This form of relief was administered to 472 cases out of a total of 502. Pethidine was also administered in 302 cases during the year.

Midwives did not attend any cases as Maternity nurses with doctors during the year and doctors were called in to 157 cases on medical aid forms.

Comparative figures of the year's work by Domiciliary Midwives are given in the following Table:—

	1955	1954
Cases attended	502	412
Subsequent visits	6,675	4,413
Continuation visits to Hospital patients	1,237	1,431
Ante-natal Home Visits	2,732	2,714
Ante-natal Clinic Visits	448	494
Miscellaneous Visits	2	4

There is only one Midwife in private practice and she attended 72 cases during the past year.

Medical Assistance.

Midwives practising in the district requested the services of a medical practitioner in 127 maternity cases and in 30 cases of newly born children. The corresponding figures last year were 114 and 47 respectively.

The Local Health Authority pays the medical fees where the general practitioner is not already called upon to give these services under the terms of his contract with the Local Executive Council. During the year the number of cases concerned was three, involving an expenditure of £9 9s. 0d.

Maternity Outfits.

Sterilised accouchement outfits, continue to be supplied free of charge to expectant mothers who are having their confinements at home. These outfits, of the standard prescribed by the Ministry of Health, are available at the Child Welfare Centres, or through the Domiciliary Midwife, and during the year 497 such outfits have been issued.

Puerperal Pyrexia.

During the year eight cases of Puerperal Pyrexia were reported by the Midwifery Service. Only one of these was officially notified by the doctor in charge. All these eight cases were handed over for nursing by the District Nursing Association and no case gave any anxiety.

Maternal Mortality.

One death was recorded by the Registrar-General in respect of 1955 as due to maternal causes. The circumstances surrounding this death were tragic, involving, as they did, many aspects of mental and physical health as well as family and domestic problems. There was no lack of knowledge on the part of the various services concerned and all the necessary co-operation was forthcoming. Whatever may have been the strictly clinical cause of death, it was felt that the main factor was the absence of the will to live.

AREA	1955	1954	Average 5 years 1949-53
ROCHDALE	0.77	0.78	1.30
Average 12 neighbouring manufacturing towns ...	0.93	0.59	0.81
Administrative County of Lancaster	1.34	0.90	0.94
England and Wales	0.64	0.69	0.82

OPHTHALMIA NEONATORUM.

For the past two years there have been no cases.

VACCINATION AND IMMUNISATION.

National propaganda, especially with regard to Diphtheria, is made available to the public and supplemented by local propaganda of the usual visual type. General Practitioners are circularised from time to time with any fresh information or about altered arrangements.

Nevertheless, direct approach to the individual continues to be the most fruitful type of propaganda. So much general advice is already given that what is required is someone to break it all down into terms of a reply to the enquiry of the individual mother about her individual child at the precise moment and in a stated set of circumstances. Not—"What percentage of American children are immunised?", but—"What do you advise me to do with my child?". The Family Doctor, the Clinic Doctor, and the Health Visitors, are the people to deal with these problems.

The background of advice must be continually changing. It is now more than a decade since there has been any opportunity to see or to hear of more than the odd case of Diphtheria in Rochdale.

Further reference to immunisation and vaccination will be found in the sections dealing with Child Welfare, with Nursery Schools and with the School Medical Service.

Diphtheria.

During the year 792 children under five received a course of immunisation. In 1954 the number immunised in this group was 912 and in 1953 it was 898. The following Table shows immunisation in relation to the child population under five years of age. The numbers immunised include those who had completed a course of immunisation before 1st January, 1956. The estimated population figure is supplied by the General Register Office.

Age at 31/12/55 i.e. born in Year	Under 1 1955	1 1954	2 1953	3 1952	4 1951	Total
Number immunised	145	606	681	753	674	2,859
Estimated mid-year child population 1955	Children under five 6,000					

In addition to the above immunisations 181 children between the ages of five and fifteen were immunised, as compared with 181 children in this age group in 1954. In addition, 796 children received re-inforcing doses, usually about four years after the initial treatment, compared with 896.

Whooping Cough.

No general propaganda has been undertaken so far. At the clinics approval and general encouragement is expressed and, of course, the individual mother is encouraged in respect of her own child. Primary immunisation is carried out at two to three months of age.

General Practitioners also immunise against Whooping Cough. Payment is made by the Local Authority on the same basis as for Diphtheria. We do not use or advocate Combined Prophylaxis.

During the year 744 children received a full course of three injections, as compared with 780 the previous year. Of this number, 143 children were immunised by their own doctors. In addition, booster doses were given to 94 children, including 20 given by own doctors.

Altogether, since the scheme was introduced there have been 49 cases of Whooping Cough reported amongst immunised children. Since, however, Whooping Cough is so variable in its effects, it is by no means certain that all the cases have been reported to us. It is, however, quite true to say that there have been no really serious cases amongst immunised children.

Since the scheme started in September, 1949, a total of 4,581 children has been immunised.

Vaccination against Smallpox.

No large scale propaganda has been undertaken, but the subject is discussed with the individual parents by the Health Visitor.

	Under 1 yr.	1 yr.	2-4 yrs.	5-14 yrs.	15 yrs. or over	TOTAL 1955	TOTAL 1954
No. Vaccinated ...	250	32	25	6	10	323	268
No. Re-vaccinated ...	—	—	—	—	11	11	36

It seems very difficult to arouse any real interest in vaccination amongst parents of young children. The advisability of early vaccination and the low numbers carried out by the family doctor have been brought to the notice of General Practitioners on several occasions. Nevertheless, the response appeared to be decreasing rather than improving.

As was forecast in last year's Report, the question of vaccination at the clinics was considered by the Health Committee and finally approved, after having been brought once more to the attention of the General Practitioners,

both individually and through their organisations. Since this procedure was commenced at the clinics on an average 25 children per month have been vaccinated there.

The following Table shows the distribution of the general work of immunisation and vaccination.

	1951	1952	1953	1954	1955
GENERAL PRACTITIONERS :					
Diphtheria Immunisation ...	371	250	253	267	218
„ Boosters ...	59	105	173	166	159
Whoop. Cough Immunisation	209	157	156	191	143
„ Boosters ...	7	13	18	27	20
Vaccinations ...	275	6,708	353	268	203
Re-vaccinations ...	212	2,926	111	36	11
M.C.W. CLINICS :					
Diphtheria Immunisation ...	710	546	645	624	570
„ Boosters ...	21	40	45	36	48
Whoop. Cough Immunisation	456	601	659	589	601
„ Boosters ...	5	1	42	214	74
Vaccinations ...	—	6,772	4	—	120
Re-vaccinations ...	—	3,374	41	—	—
SCHOOL CLINIC :					
Diphtheria Immunisation ...	556	318	266	201	185
„ Boosters ...	607	1,106	987	694	589

CARE OF UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN.

This work has continued under the guidance of a Joint Case Committee, made up of members of the Domiciliary Services Sub-Committee and the Rochdale Welfare Mission.

I am indebted to Mrs. Lintern for the following report of the work done during the year.

The figures show a considerable increase in comparison with last year. It may well be that the reason for this is the considerable changes in arrangements which had to be made during 1954. Otherwise, there was merely the element of chance operating.

CASES REFERRED DURING 1955 :

Expectant unmarried mothers	...	...	...	...	...	...	39
Aftercare, unmarried mothers	...	...	...	...	...	...	10
Matrimonial and family problems	...	...	...	...	...	...	10
Children and preventive	...	...	...	...	...	...	2
							—
							61
							—

TYPE OF ASSISTANCE REQUIRED :

Ante-natal and post-natal accommodation	...	...	...	...	...	...	24
Married women admitted to Mother and Baby Homes	...	...	...	...	...	...	3
Advice on affiliations, private agreements, etc.	...	...	...	...	...	...	22
Help with adoptions	...	...	...	...	...	...	15
Matrimonial and family problems	...	...	...	...	...	...	10
Other personal problems	...	...	...	...	...	...	9

Of the 49 cases dealing specifically with the illegitimate child, the following is a brief summary :—

Child kept by mother	...	...	...	...	...	...	...	24
Child adopted	...	...	...	...	...	...	...	10
Death of child after birth	...	...	...	...	...	...	...	2
Miscarriages	...	...	...	...	...	...	...	2
Not yet born	...	...	...	...	...	...	...	6
No recent information	...	...	...	...	...	...	...	5

Maternity and Mother and Baby Homes.

Of the 24 applicants for ante-natal and post-natal accommodation, 16 were found vacancies in Voluntary Homes. The Health Committee guaranteed fees subject to a fair contribution by the mother and in a few cases by the putative father.

There were six old cases re-opened because of a second or third pregnancy. Two of these mothers were accommodated in Homes with the financial help of the Committee.

Care of Mothers not entering Homes.

It is extremely difficult to make arrangements for those cases referred only after the child is born. Two such mothers presented themselves as emergencies. Neither had made any plans or preparations for the baby and neither had lodgings to which to return. Both were transferred to Mother and Baby Homes for six weeks. One mother kept her child and married the putative father, whilst the other had her baby adopted and was found employment.

There are still some mothers who make routine arrangements for their confinement in the Maternity Hospital, but under the impression that the child can be left there until adopted. When they discover that this is not so, the resultant problems are difficult to solve, particularly as some of the mothers are quite irresponsible.

Matrimonial Problems.

Of the ten matrimonial problems, there has been a reconciliation in four cases and in three, where no Separation Order has been obtained, the partners are still receiving help.

Co-operation with other Workers.

The help of Committees and Superintendents, and that of Medical Officers of Health in other areas, in arranging admission to their Homes is gratefully acknowledged.

We take this opportunity of thanking Children's Officers and other Social Workers for their ready co-operation and advice.

JOINT COMMITTEE FOR CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

This Committee, formed at the end of 1950, and comprising representatives of the Local Authority, the Statutory Services and Voluntary Organisations, continued its regular meetings during the year, with the Medical Officer of Health as Chairman.

There were eleven meetings held, at which the following have been represented :—

ROCHDALE CORPORATION :

Education, Borough Treasurer's, Housing, Children's, Welfare Services, Police and School Medical Department.

N.S.P.C.C., PROBATION OFFICE, NATIONAL ASSISTANCE BOARD, HOSPITAL MANAGEMENT COMMITTEE, WAR PENSIONS WELFARE SERVICE.

PUBLIC HEALTH DEPARTMENT :

Maternity and Child Welfare, Sanitary Inspectors, Social Worker, Moral Welfare Worker, Mental Health Workers, District Nursing Association.

It is encouraging to note that no fewer than fourteen members were present at every meeting, the average attendance for the eleven meetings being fifteen.

A total of nineteen new cases has been referred to the Committee from the sources set out below :—

Maternity and Child Welfare Department	...	...	5
School Medical Department	...	...	4
Medical Officer of Health...	...	...	3
N.S.P.C.C. ...	...	...	2
Hospital Management Committee	...	...	2
Children's Department	...	...	1
Police Department	...	...	1
Mental Health Department	...	...	1

At the beginning of 1955 there were 57 cases in the "live" register. During the year 17 of these had further reports made upon them and 9 were closed. In addition, there were 19 new cases in 1955, two of which subsequently left the area and were closed, and one case closed in 1952 which had to be re-opened. At the end of the year 66 cases remained on the "live" register.

The following list shows the number of times these 37 cases have come up for discussion and further report :—

	Old Cases	1955 Cases	Case Re-opened
Once only ...	5	4	—
Twice ...	2	3	—
Three times ...	2	1	—
Four times ...	3	3	—
Five times ...	2	3	—
Six times ...	—	1	—
Seven times ...	—	2	1
Eight times ...	—	1	—
Ten times ...	—	1	—
Eleven times ...	3	—	—
	17	19	1
	—	—	—

An average of fourteen cases came up for discussion at each meeting of the Committee.

The following is a very brief summary of the conditions in each of the nineteen new cases as they were brought to the notice of the Committee :—

CASE NO. 1 (Referred by Mental Health Dept.)—Two children. Mother ill, father ill-treats the children, especially the subnormal one.

- CASE No. 2 (Referred by H.M.C.)—Three children. Father in gaol, mother wishes to get rid of them as she has a boy friend. Came recently from a nearby town.
- CASE No. 3 (Referred by C.W.)—Four children often left with a twelve year old girl. Domestic trouble between husband and wife.
- CASE No. 4 (Referred by N.S.P.C.C.)—Husband in Court. Refused to live with wife and four children in unsatisfactory conditions. Mother a permanent invalid. Children often absent from school.
- CASE No. 5 (Referred by S.M.O.)—Two children, dirty and neglected, always tired in school, left to themselves too much.
- CASE No. 6 (Referred by C.W.)—Only one child whom the mother should have brought to the clinic. Home visit discovered terrible conditions. Came recently from nearby town where she had a bad record.
- CASE No. 7 (Referred by C.W.)—Three children. Court case recently with consequent financial difficulties. Children with very dirty heads.
- CASE No. 8 (Referred by M.O.H.)—Parents in Court for neglect of one child. Child taken into care, found crying in the street at night. House a pig-sty.
- CASE No. 9 (Referred by M.O.H.)—Two children. Parents fined for non-attendance at school. Placed under supervision of Probation Officer.
- CASE No. 10 (Referred by M.O.H.)—One boy, an orphan, under guardianship of sister. Sister now appears to want to get rid of him. Fined for his non-attendance at school. Had notice to quit for rent arrears.
- CASE No. 11 (Referred by S.M.O.)—Two children very neglected. Found to be cared for by father who has a full-time job and grandmother who lives at another address. Mother left home.
- CASE No. 12 (Referred by C.W.)—Three children, not physically neglected, but in a shockingly dirty condition. Mother a hopeless type.
- CASE No. 13 (Referred by Police)—Three children constantly coming into Police hands. Recently found wandering. Two children known to be mentally backward. All attended Cleansing Centre recently.
- CASE No. 14 (Referred by N.S.P.C.C.)—Four children. Father trying to get control of his children on discharge from prison. Solved later by father going back to prison.
- CASE No. 15 (Referred by Ch. Officer)—Three children. Mother left home and father, an epileptic, trying to care for them. One child taken by Children's Officer. Father not working. Taken into custody drunk. Case investigated and admitted to a Colony.
- CASE No. 16 (Referred by C.W.)—Five children and two in care in Liverpool. Father been in prison for debt. Evicted for non-payment of rent in another town. The three children at home have Bronchitis.
- CASE No. 17 (Referred by S.M.O.)—Two children. Failed to attend Cleansing Clinic.

CASE No. 18 (Referred by H.M.C.)—Six children. Mother in hospital. Family only occupying one room at this address. Recently arrived in Rochdale.

CASE No. 19 (Referred by S.M.O.)—One boy. Neglect discovered on home visit. Referred to Mental Health Workers.

The first case of actual cruelty to a child occurred in the early part of the year. This was a case with which the Committee had been dealing for some time and with which some progress was being made. The case was brought to Court by the N.S.P.C.C. and a term of imprisonment was imposed upon the father. Steps were taken to assist the mother at this time and the case was still under supervision at the end of the year.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Under the first part of this Act, premises where the children are to be looked after during the day must be registered. Under the second part of the Act, persons who receive more than two children, who come from more than one household to be looked after for reward during the day, must also be registered.

In the latter category, only two persons were registered during the year to receive a total of eleven children.

In the former category 7 premises were registered at the end of the year. All of these are Nurseries attached to cotton mills in the town. In total these Nurseries were registered for the accommodation of 315 children. During the year 202 children were admitted to the Nurseries and 262 left the Nurseries. At the end of the year there were 295 on the registers, as against 355 on the registers of nine nurseries in 1954.

The Matrons of the various Nurseries submit a quarterly report on the children and the Medical Officer in charge of Child Welfare pays a visit to each Nursery at three-monthly intervals. Each Nursery has its own visiting Medical Officer, who is usually the General Practitioner previously associated with the parent mill.

DAILY GUARDIANS SCHEME.

There was no one on the list of Daily Guardians at the end of the year.

Domestic Help Service

During the year the Domestic Helps assisted in 204 cases (25 cases of maternity and 179 of general sickness, etc.) as against 247 cases during 1954. The average period over which assistance was given was 13 days for maternity and 156 days for general sickness.

At the end of the year 40 Domestic Helps (16 full-time and 24 part-time) were employed as compared with 30 (16 full-time and 14 part-time) at the end of the previous year.

Persons who claim their inability to pay the full charge of 3s. 0d. per hour for the services of a Domestic Help are required to state their financial circumstances and are assessed in accordance with an approved scale which is based on a scale of charges recommended by the Association of Municipal Corporations.

The average rate of recovery of the cost of this Service during the year was 10.49% of the total cost. No charge was made to 114 households out of the total number of households to which this Service was rendered. The corresponding figures in the previous year were 18.6% recovered and 82 households in which no charge was made. These figures still reflect the continually increasing concentration on the care of the elderly sick and infirm in their own homes.

In the same connection it is noted that we had in 1951 an average period over which assistance was given in general sickness of 97 days and that figure has now risen to 156 days.

PREVENTION, CARE AND AFTER CARE.

Illness Generally.

Equipment for the nursing of cases at home is available either through the Home Nursing Service or from the Central Store. Convalescent Home accommodation is provided for persons who are recommended by local General Practitioners, Specialists or Hospital Medical Officers. Arrangements were made during the year for the admission of 68 cases to Convalescent Homes, usually for a period of two weeks. Extensions were granted in nine cases on medical recommendation.

Accommodation was arranged for the 68 cases referred to, in the following manner :—

						Adults	Children
						—	—
West Hill, Southport	...	...	...	...		24	—
Boarbank Hall, Grange	...	...	...	...		9	3
Grey Court, Hest Bank	...	...	...	...		18	—
Others	...	...	...	...	...	12	2

The total cost of Convalescent Home accommodation was £293 16s. 0d. of which £90 8s. 0d., or 30.56% was recovered.

Respiratory Diseases (17) formed the largest single class of admissions, the remainder being from a wide variety of causes, including Post-operative cases (15), Nervous Debility (7), Rheumatism (5), Gastric Conditions (3), Cardiac Debility (2), Pneumonia (2).

Health Education.

Emphasis continues to be laid on personal advice in the homes and elsewhere between members of the Health Department staff and the actual persons and families concerned. In addition, every opportunity is taken of speaking on health subjects by invitation to the regular meetings of any interested organised bodies in the town.

Regular use is made of all the propaganda material in the nature of printed matter and posters prepared by the Central Council for Health Education.

A two day Course on the use of visual aids and health topics was organised in Rochdale in 1954 and since then various sections of the staff who attended the course have met regularly to keep themselves up-to-date. As a result of this a series of topics has been arranged and talks have been given to a large number of organisations in the town.

Mental Health Service

Staff.

Medical Officer of Health and Deputy Medical Officer of Health.

Duly Authorised Officers—two. Also act as Mental Health Workers.

Mental Health Workers—one.

Co-ordination with Regional Hospital Board, etc.

Mental Illness—Consultant Clinic held weekly by Regional Hospital Board medical staff, is attended by the Local Health Authority's Duly Authorised Officer for follow-up purposes. With scarcely any exception the supervision of patients on trial from mental hospitals, or on licence from mental institutions, is undertaken by the Duly Authorised Officers and the Mental Health Worker.

The Local Education Authority has no Educational Psychologist at present.

There is still no Child Guidance organisation available in this area. This is a very serious drawback.

Work in the Community.

Work in respect of Mental Defectives and under the Lunacy and Mental Treatment Acts is provided for by regular visitation by the Duly Authorised

Officers and the Mental Health Worker, and discussions with the patients' relatives, potential or actual employers, etc.

Ascertainment of Mental Deficiency is largely through the Local Education Authority. A few cases arise through the Courts and a very few arise from information given to the Mental Health Workers.

There is one case under guardianship in the area of this Authority.

Occupation Centre

The Occupation Centre staff consists of a Supervisor, 5 Assistant Supervisors, a Caretaker and a Meals Server.

At the end of 1955 there were 40 children on the register, 33 Borough, 6 County and 1 Birch Hill Hospital.

During the year 6 children were admitted. One child was re-assessed and transferred to High Birch Special School. One older boy left to start work at a local Rope Works. Two children were admitted to Institutions and one was found unsuitable for further attendance at the Centre.

A second qualified Assistant was appointed in June to enable the formation of a fifth class "The Special Class". This comprises lower grade, difficult children, who formerly were detrimental to the progress of the other classes. This separation has already borne fruit in that all classes are achieving better results than formerly.

Improvements in the premises include the conversion of a large attic room into an excellent Recreation Room. Physical training, games, dancing, band music and movement are all taken here by the three classes of older children.

Events during the year were :—

1. Afternoon visit to Millcroft Gardens with organised games, races and prizes, proved popular, and was followed by minerals, etc. at the Tea Gardens.
2. Day outing to Southport with the parents and staff.
3. Harvest Festival attended by Members of the Health Committee and parents.
4. Christmas festivities consisted of Nativity Plays, each class presenting its own little effort to the school. The Christmas Party still proves to be a popular highlight of the year.

The Board of Control's inspection report for the year was very satisfactory, recording "further improvements in a progressive Centre". Particular reference was made to the additional staff and consequent further division of classes permitting a very useful "promotion" system.

Practically throughout the year we have had students from the National Association for Mental Health and have had most appreciative comments both from the students and the Association's Organiser.

Particulars of Mental Defectives as at 1st January, 1956:—

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
1. Particulars of cases reported during 1955.				
(a) Cases at 31st December, 1955, ascertained to be defectives "subject to be dealt with". Number in which action taken on reports by :—				
(1) Local Education Authorities on children				
(i) While at school or liable to attend school	4	—	—	—
(ii) On leaving special schools	—	—	5	5
(iii) On leaving ordinary schools	1	—	—	—
(2) Police or by Courts	—	—	1	—
(3) Other sources	—	—	1	3
(b) Cases reported who were found to be defectives but were not, at 31st December, 1955, regarded as "subject to be dealt with" on any ground	—	—	—	—
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded from (a) or (b)	—	1	3	4
TOTAL	5	1	10	12
2. Disposal of cases reported during 1955.				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1(a)), number				
(i) Placed under Statutory Supervision	5	—	5	6
(ii) Placed under Guardianship	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—
(iv) Admitted to Hospitals	—	—	2	2
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)), number				
(i) Placed under Voluntary Supervision	—	—	—	—
(ii) Action unnecessary	—	—	—	—
TOTAL	5	—	7	8
3. Number of mental defectives for whom care was arranged by the Local Health Authority under Circular 5/52 during 1955 and admitted to :—				
(a) National Health Service hospitals	3	—	—	1
(b) Elsewhere	1	1	—	—
TOTAL	4	1	—	1
4. Total cases on Authority's Registers at 31/12/55.				
(i) Under Statutory Supervision	20	13	43	27
(ii) Under Guardianship	—	1	—	—
(iii) In "Places of Safety"	1	1	3	10
(iv) In Hospitals	6	8	52	46
(v) Under Voluntary Supervision	—	—	8	7
TOTAL	27	23	106	90

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
5. Number of defectives under Guardianship on 31/12/55, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Included in 4 (ii)) ...	—	1	—	—
Classification of defectives in the Community on 31/12/55 (according to need at that date) :—				
(a) Cases included in 4 (i)—(iii) in need of hospital care and reported accordingly to the hospital authority				
(1) In urgent need of hospital care :—				
(i) "cot and chair" cases	1	1	—	—
(ii) ambulant low grade cases	2	—	—	—
(iii) medium grade cases	3	—	—	—
(iv) high grade cases	—	—	—	—
TOTAL URGENT CASES	6	1	—	—
(2) Not in urgent need of hospital care :—				
(i) "cot and chair" cases	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—
(iii) medium grade cases	—	—	—	—
(iv) high grade cases	—	—	—	1
TOTAL NON-URGENT CASES	—	—	—	1
TOTAL	6	1	—	1
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :—				
(i) occupation centre	15	18	1	1
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	—
TOTAL	15	18	1	1
(c) Of the cases included in 6 (b), number receiving training on 31/12/55 :—				
(i) in occupation centre	14	17	1	1
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
TOTAL	14	17	1	1

MENTAL DEFECTIVES.

Ascertainment.

During the year five males and one female under the age of 16 years were notified under Section 57(3) of the Education Act, 1944. Of these, four males were considered suitable for Occupation Centre training, one male died and one female is under the care of the Children's Committee and resident in a Children's Home.

There were seventeen young persons notified under Section 57(3) of the Education Act, 1944. In respect of three males and four females in this group action was incomplete at the end of the year. The remainder are all in gainful employment and earning on average £5 weekly.

One male, resident outside the Rochdale area, committed an offence in the Borough and appeared before the Magistrates who committed him to Strangeways Prison for observation. He was later certified in Court and committed to Calderstones Hospital under Section 8(1) of the Mental Deficiency Act, 1913.

Short Stay Cases. (Ministry of Health Circular 5/1952).

Four males and two females were accommodated for periods ranging from two to four weeks in various hospitals. The provisions of this Circular have, without doubt, been a great asset. The vacancies arising thereunder are used to help families where the presence of a mental defective is putting considerable strain upon the parents, or where the condition of the parents (sickness or hospitalisation, etc.) has made the care of the defective inadequate.

Residential Care.

Three females, one under the age of 16 years, were admitted to Mental Deficiency Hospitals, two under Section 6 of the Act and the other one under Section 3. One female under the age of 16 years was admitted to hospital under Section 15 of the Mental Deficiency Act, 1913.

Guardianship.

One female under the age of 16 years was placed under guardianship. This is the first case of a guardian being appointed in Rochdale under the Mental Deficiency Act. After several months of such care the defective has made considerable and satisfactory progress.

Supervision.

On the 31st December, there were 118 cases under Community Care. Of these, 103 were under Statutory Supervision and 15 were under Voluntary Supervision. Of the cases under Statutory Supervision, 60 are in regular employment, one is running his own firewood business, eight are unemployable and 35 are under the age of 16 years. Of those under Voluntary Supervision, seven are in regular employment and eight are in receipt of National Assistance.

Statutory Supervision is used where a person is found to be mentally defective and subject to be dealt with under the Mental Deficiency Act, but does not require hospitalisation or guardianship. Officers of the Local Health Authority make regular visits to the homes of defectives under supervision, to advise and help them to find suitable employment, to arrange for their attendance at Occupation Centres, or to assist them in any other way. The care of defectives in the community is one of the most important functions of the Local Health Authority.

The Mental Health Worker made 1083 visits during the year to the homes and places of employment, etc. of mental defectives. Case notes and other reports were made in 96 cases.

The 113 cases accommodated in hospitals for mental defectives (an increase of six during the year) are spread over eleven such hospitals, but are mainly accommodated in either Brockhall, Calderstones or the Royal Albert Hospitals.

There are fifteen patients in "Places of Safety". One male under 16 years, and three males and ten females over 16 years are accommodated in Birch Hill Hospital, while one female under the age of 16 years is accommodated elsewhere.

At the end of the year there were five males under the age of 16 years and one female over the age of 16 years on the waiting list for hospital care. By this is meant cases where the circumstances, including the condition of the patients together with the social and domestic circumstances, make institutional care necessary and where the parents are wishful for institutional care.

The bed situation has not improved and only very acute cases can be accommodated. Cases brought before the Justices still have top priority where vacancies are concerned.

Treatment of Mental Patients.

The treatment of mental patients nowadays is very varied and its forms fall into two principal categories, on the one hand general nursing and physical methods and, on the other hand, psychological treatment and general rehabilitation.

Dr. S. Falk, Consultant Psychiatrist, continues in charge of the Psychiatric Clinic in Rochdale and district. The Clinic is held at Sparthfield, Manchester Road, Rochdale. There are two sessions weekly and Dr. Falk is assisted by Medical Officers from Birch Hill Hospital.

Hospital Treatment.

	Males	Females
Mental Patients in hospitals on the 31st December, 1954... ..	119	156
Admissions during the year	50	69
Discharges during the year	53	64
Mental Patients in hospitals on the 31st December, 1955... ..	116	161

Analysis of Patients discharged during 1955:—

Recovered	12	15
Relieved *	27	34
Not improved	5	4
Transferred to other hospitals	2	2
Deaths	7	9

The 277 patients in hospitals at the 31st December, 1955, were distributed as follows :—

Prestwich	...	...	78	Boundary Park	...	2
Whittingham	...	...	40	Birch Hill	...	78
Lancaster Moor	...	...	21	Springfield	...	7
Rainhill...	18	Others	...	5
Winwick	25			
Parkside	3			

Visits to Mental Patients during the year	1,898
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Pre and After Care.

It is true that the visiting and advising of patients suffering from mental stress is an important part of the work of the Mental Health staff, including as it does assisting them to obtain out-patient treatment at the Psychiatric Clinic. The work of the staff in assisting patients discharged from hospital is equally important. Suitable work is often found for them and, where necessary, patients are removed or encouraged to remove from environments which in some instances have contributed to their mental breakdown. Lodgings are found for them and frequent visits are made until they are comfortably settled and self-reliant.

Senile Patients.

Action is frequently requested by General Practitioners for senile patients to be dealt with under the Lunacy Acts often after they have failed to get General Hospital accommodation. These patients can no longer be admitted as infirm patients to hospital wards, as used to happen under the old regime. The hospital authorities of today have their own problems of accommodation in dealing with the straightforward hospital case. Nevertheless, this alteration does create a serious difficulty for which there is, at the moment, no obvious solution.

It is undesirable to have to proceed to certification under the Lunacy Acts with persons who, as part of their chronic sickness, have lost their mental grip, but who would be amenable to a discipline lying somewhere between that of the hospital sick ward and that of the hostel.

The problem often is further intensified by the refusal of elderly patients to leave their homes. Much public concern may be aroused before any effective action can be taken. The powers vested in the Local Authority in such matters are limited and only applicable in extreme circumstances of danger to the patient or to others.

Prevalence of Infectious Diseases

Infectious diseases as a whole increased very markedly as compared with the previous year and with recent averages. This increase was most marked from the point of view of numbers in respect of Measles, but the increase in Meningitis, Poliomyelitis and Dysentery, although numerically smaller, were epidemiologically of more importance.

The following summary shows the comparative incidence of the various types of infectious disease over the last seven years :—

				1955	1954	Average 1949-53
				<hr/>	<hr/>	<hr/>
Scarlet Fever	...	...	...	150	95	111
Diphtheria	...	...	...	—	—	2
Tuberculosis	...	...	...	96	87	111
Pneumonia	...	...	...	40	15	30
Whooping Cough	...	...	...	35	37	189
Measles	...	...	...	1,394	137	817
Chicken Pox	...	...	...	28	35	34
C.S. Meningitis	...	...	...	5	—	1
Poliomyelitis	...	...	...	10	—	3
Dysentery	...	...	...	60	19	11
Other Diseases	...	...	...	13	10	46
				<hr/>	<hr/>	<hr/>
				1,831	435	1,355

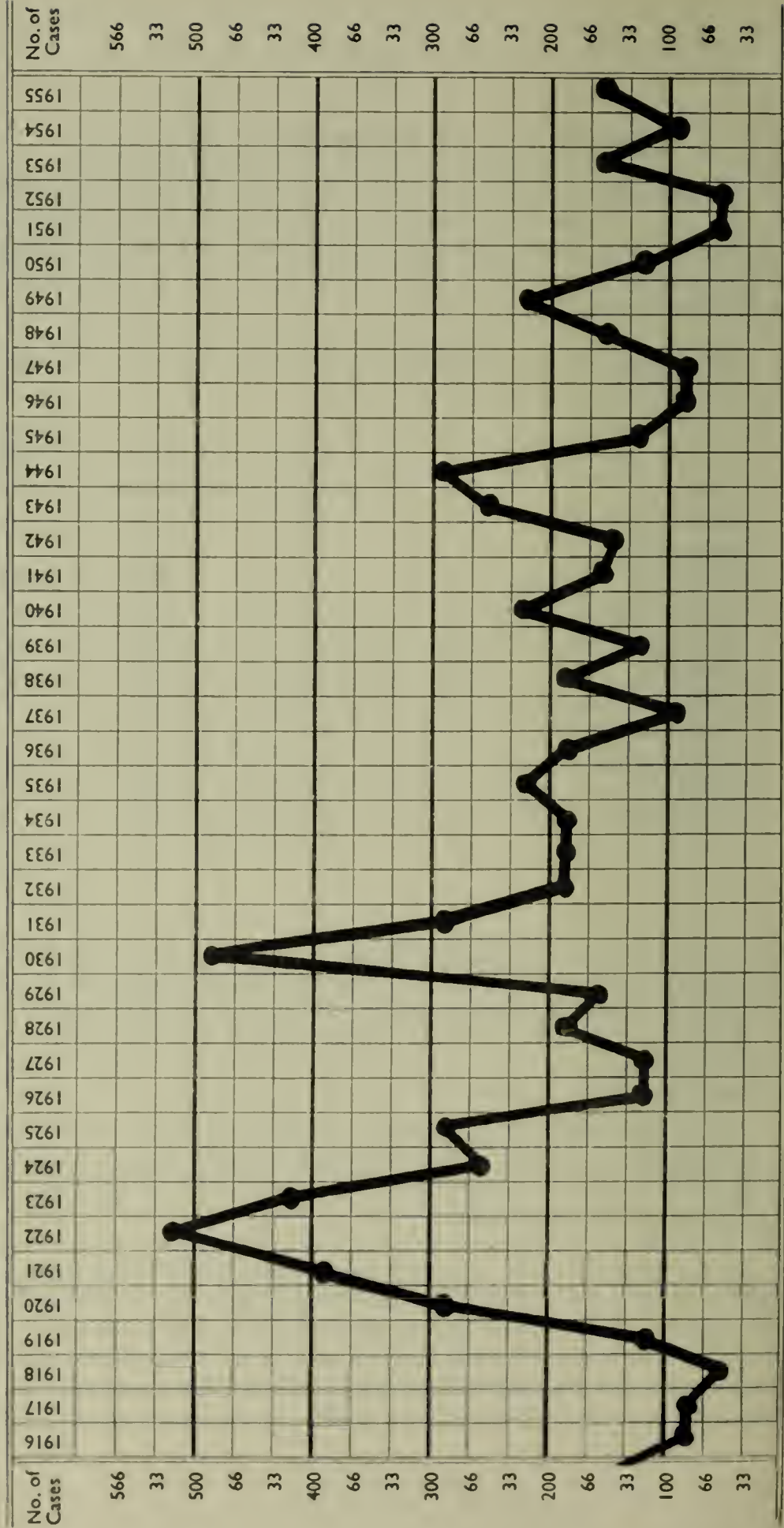
In addition to the above formal notifications, the following cases of infectious diseases were brought to the notice of the Department, chiefly through the medium of schools :—Whooping Cough 1 ; Measles 44 ; Chicken Pox 16.

Poliomyelitis.

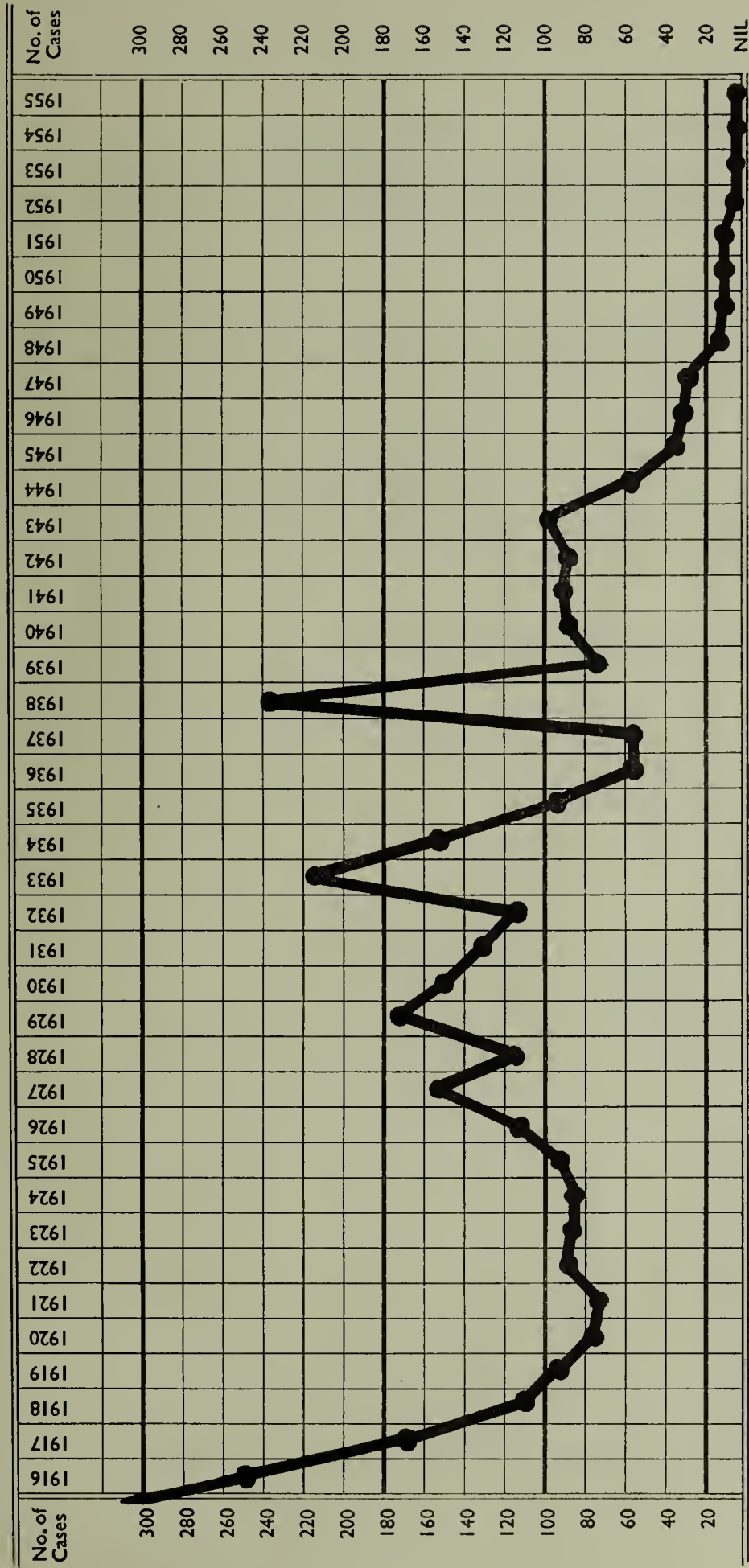
Ten cases occurred during the year, including two adults. The first case occurred in April. After an interval this was followed by three in August, two in September, one in October and three in the latter half of November. Five of these cases were non-paralytic.

Of the paralytic cases, one child was discharged home with only slight weakness which might well clear up, three children are still in hospital suffering from weakness in one or both legs, in which the ultimate degree of recovery is not yet obvious. The remaining case, an adult was discharged from hospital in a fortnight and from out-patient treatment within five months from the onset.

County Borough of Rochdale — Scarlet Fever Incidence — Years 1916-1955



County Borough of Rochdale — Diphtheria Incidence — 1916-1955



Meningitis.

The five cases notified as Meningitis were all notified from hospital, the child having been admitted for an undefined illness. Once again the infections were spread from April to November.

Dysentery.

The cases of Dysentery commenced in March and the last reported case was on the 21st June. There were 38 different families involved, scattered all over the town. In the majority of cases the organism isolated was *Shigella Sonnei*, but in one family of five persons, *Salmonella Typhi-Murium* was isolated. The same organism was isolated in another single case. In another family with two cases affected, the organism was *Salmonella Flexner*, Type 88. Sixteen cases were admitted to the Infectious Diseases Hospital, mainly because of extensive involvement of a family, or in order to clear up a persistent case in a family.

Marland Infectious Diseases Hospital.

During the year 138 cases were admitted to hospital from the County Borough area and 141 were discharged. The largest number of admissions was Scarlet Fever cases. Other illnesses which figured prominently were Measles in the early part of the year and the *Sonnei* Dysentery to which reference has already been made.

Tuberculosis

There were 64 new cases of Tuberculosis notified as against 74 the previous year and 53 in 1953, and an average of 104 during the five years 1948-52.

Of these 64 cases, 57 were Pulmonary and seven non-Pulmonary.

In addition, 32 cases, 28 Pulmonary and four non-Pulmonary, came to the knowledge of the Department for the first time otherwise than by notification. Of these five were reported after death and 27 were transferred from other areas.

Average 5 year periods	NOTIFICATIONS		
	Pulmonary	Non- Pulmonary	Total
1918—22	199	50	249
1923—27	85	40	125
1928—32	85	36	121
1933—37	81	26	107
1938—42	84	29	113
1943—47	71	20	91
1948—52	89	15	104
1953	51	2	53
1954	71	3	74
1955	57	7	64

The following Table sets out the number of deaths and mortality rates for the years 1944 and onwards :—

Year	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		All Forms	
	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.
1944	39	0.48	10	0.12	49	0.60
1945	32	0.39	6	0.07	38	0.46
1946	31	0.36	11	0.13	42	0.49
1947	41	0.47	9	0.10	50	0.58
1948	44	0.50	5	0.06	49	0.56
1949	15	0.17	4	0.04	19	0.21
1950	38	0.43	4	0.04	42	0.47
1951	23	0.26	4	0.05	27	0.31
1952	26	0.30	4	0.05	30	0.35
1953	23	0.27	2	0.02	25	0.29
1954	13	0.15	1	0.01	14	0.16
1955	9	0.10	1	0.01	10	0.11

Re-housing of the Tuberculous.

The details of this scheme of co-operation between the Health Committee, the Housing Committee and the Hospital Management Committee through the Chest Physician, have been given in previous Reports.

At the end of 1954, four cases awaited further review and two cases awaited re-housing, one when discharged from Sanatorium. During 1955, two of the former arranged their own re-housing privately the other two being turned down by the Medical Officer of Health, whilst the two latter cases were re-housed.

Of the 23 cases recommended by the Chest Physician during 1955, four were not approved by the Medical Officer of Health and five were carried forward to be considered during 1956. The remaining fourteen cases were submitted to the Housing Committee, thirteen of these were approved for re-housing and one awaited further information. Of the thirteen approved, twelve were re-housed and one awaited re-housing at the end of the year.

The 64 new cases notified, together with the number of deaths resulting from the disease are arranged in the summary below :—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	...	...	...	...	...	...	...
1—5 years	1	2	...	...	...	...	...	...
5—15 „	2	1	...	2	...	...	1	...
15—25 „	2	8	...	...	...	...	...	...
25—35 „	6	8	1	...	1	2	...	...
35—45 „	8	2	1	3				
45—55 „	2	2	...	...		
55—65 „	8	1	...	...	5	...	...	...
65 years and over	4	...	...	...	1	...	...	..
TOTAL	33	24	2	5	7	2	1	...
1954	42	29	2	1	9	4	1	...
1953	27	24	...	2	11	12	2	...

The seven Non-pulmonary Tuberculosis cases notified consisted of 2 neck glands, 2 abdominal and 3 skin infections.

Once again attention must be drawn to the really amazing drop in the death rate. It is true that death rates in any particular year are attributable to many and varying factors. Nevertheless, death rates are still the only means which we have of assessing the long term progress of infection.

The following is a summary of the known cases of Tuberculosis in the Borough at 31st December, 1955 :—

	Males	Females	Total
Pulmonary	319	244	563
Non-pulmonary	28	36	64
	347	280	627

Residential Treatment.

During the year 46 Rochdale patients were, at their first examination, recommended for Sanatorium treatment.

At no time during the year did the waiting list situation cause any disquiet.

The following Table shows the work carried out at the Chest Clinic during the year :—

	Adults		Children	Total
	M.	F.	under 16 yrs.	
Number of Clinic Sessions				365
Total attendances	1682	1802	1075	4559
New Patients examined found :—				
(a) Tuberculous	42	37	10	89
(b) Non-Tuberculous	162	93	33	288
Contacts examined	31	44	80	155
Contacts found to be Tuberculous	—	1	—	1
B.C.G. Vaccinations	1	4	66	71
Mantoux Tests	2	18	240	260
Treatment recommended (Tuberculous cases only) :—				
(a) Sanatorium or Hospital	25	21	6	52
(b) Domiciliary	17	17	4	38
Removed from Register	42	32	6	80
Visits by Nurses	—	—	—	4354

Venereal Diseases

No material change had been made in the day to day arrangements at the end of the year. There were 448 (264 males and 184 females) dealt with during the year, as against 498 in 1954. The number of new cases was 212 (153 males and 59 females), but of these 120 did not require treatment.

The following summary gives the number of cases dealt with during the past three years :—

	1955	1954	1953
	<hr/>	<hr/>	<hr/>
1. No. of persons under treatment or observation at commencement of year	233	255	305
2. No. of persons who ceased to attend in previous years and who returned to the Centre suffering from the same infection	1	1	1
3. No. of new cases who have had previous treatment	2	2	4
4. No. of new cases	212	240	264
	<hr/>	<hr/>	<hr/>
Total cases dealt with	448	498	574
	<hr/>	<hr/>	<hr/>
5. Total attendances :—			
At which patients saw Physician	2,314	2,695	3,035
At which patients did not see Physician ...	311	317	524
6. Patients not completing treatment and/or observation	3	4	6
7. No. discharged after of treatment and/or observation	177	248	290

There were 36 contacts who attended for examination, having been referred to the Clinic by patients.

Sanitary Circumstances of the Area

I am indebted to the Chief Officials of the various Departments of the Corporation for information included in this section of the Report, also to the Manager of the Heywood and Middleton Water Board.

Water Supply.

The County Borough draws its water supply from two sources, the Corporation Waterworks, and the Heywood and Middleton Joint Water Board. A summary of the reports submitted by Mr. R. N. Simpson, M.Inst.W.E., Waterworks Engineer, Rochdale, and Mr. A. F. Herd, A.Inst.W.E., Manager of the Heywood and Middleton Water Board, is set out below in the manner prescribed by the Ministry of Health.

	Rochdale	Heywood & Middleton
(i) Whether the water supply of the area and its several parts has been satisfactory.		
(a) in quality	Satisfactory	Satisfactory
(b) in quantity	Satisfactory	Satisfactory
(ii) Where there is a piped supply whether bacteriological examinations were made of the raw water and, where treatment is installed, of the water going into supply	Chlorination	Chlorination
if so, how many and the results obtained	90 samples— satisfactory	40 samples satisfactory
the results of any chemical analyses ...	72 samples— satisfactory	40 samples— satisfactory
(iii) Where the waters are liable to have plumbo-solvent action, the facts as to contamination by lead, including precautions taken and number and result analyses	Plumbo-solvent action, pH value controlled by addition of lime . No dissolved lead found in any samples.	Plumbo-solvent action, Hp. value controlled by addition of chalk No dissolved lead found in any samples.
(iv) Action taken in respect of any form of contamination	Nil.	Nil.
(v) Particulars of the number of dwelling houses and the number of the population supplied from public water mains.	Population	Population
(a) direct to the houses	83,000 approx.	4,480 approx.
(b) by means of stand-pipes ...	25,250 approx.	1,404 approx.
	Nil.	Nil.

Drainage and Sewerage.

At Roch Mills Sewage Purification Works the sewage is screened after grit removal and then passed through primary and secondary sedimentation tanks. Half the flow is then passed through an activated sludge plant constructed on the Kessener System and the other half is pumped to bacteria beds. The sludge drying area has been increased during the year. Good effluents are obtained.

The Corporation have agreed to accept the whole of the sewage from the area of the Wardle Urban District on terms accepted by the Urban District Council.

A number of storm water overflows have been reconstructed and this work is still proceeding. Assistance has been offered by the County Borough to the Departmental Committee on Storm Water overflows.

Rivers and Streams.

The Mersey Rivers Board is responsible for the prevention of pollution of rivers and streams in this area. The Corporation co-operates with the Rivers Board in providing facilities for the discharge of polluting effluents to the sewers for subsequent purification at the Sewage Works.

A number of agreements have been made during the last few years with local manufacturers which have considerably reduced the river and stream pollution in the County Borough area.

The cleansing of some brook courses has been carried out during the past year.

W. H. G. MERCER, B.Sc., A.M.Inst., C.E.,
Borough Surveyor.

Meteorological Notes.

This summary of the features of the year as recorded at the Meteorological Station, Roch Mills Sewage Works, is included by the courtesy of the Borough Surveyor.

			Mean Temperatures Deg. F.	Total Rainfall Inches	Sunshine Total Hrs.	Daily Average
1951	...	...	47	45.93	1187.6	3.2
1952	...	...	49	40.89	1152.2	3.1
1953	...	...	49	38.42	1206.1	3.3
1954	...	...	47	55.97	999.3	2.7
1955	...	...	47	33.77	1394.6	3.8
Mean	...	...	48	43.32	1235.7	3.4

Following a very wet year, 1955 was dry and sunny, there being nearly 11 inches of rain less than the average of the previous seven years and more than 181 hours of sunshine above the average.

The driest months were March, July and August. July had 27 rainless days and August had 22. The annual rainfall was the lowest since the station opened and sunshine was the highest since 1949.

The highest temperatures were recorded of 81 Deg. F. on the 12th and 13th July, whilst the lowest temperature of 12 Deg. F. was recorded on the 22nd December.

July had by far the largest amount of sunshine and both the 26th and the 27th were recorded as having no less than $14\frac{1}{2}$ hours of sunshine. On 142 days in the year less than one hour's sunshine was recorded.

In spite of the above facts about July, it contained the wettest day of the year. On the 13th July 1.09 inches of rain fell in 1.4 hours. It also proceeded to have 27 rainless days.

Appreciable fog occurred on 53 days, chiefly in January, October and November.

Public Cleansing.

Labour difficulties again prevented the work of refuse collection being carried out in a completely satisfactory manner. Re-organisation of all the collection rounds was carried out and an additional round introduced to meet the needs of expanding housing estates. The longer 'carries' generally associated with estate layout as compared with old property is reflected in the increased cost of collecting from such houses.

The number of British Standard dustbins supplied under the Corporation's scheme as a charge against the general rate was 2,740.

The first part of the reconstruction programme approved for the separation and incineration plant at Entwisle Road was completed and during the period the plant was out of commission refuse was disposed of by controlled tipping.

Two new public conveniences were opened and plans for three further ones approved. Free hand washing facilities, consisting of hot and cold water, soap, and electric dryer, were extended to all four of the town centre conveniences.

No changes were made in street cleansing methods, the beat system being used for the sweeping of streets and mechanical gully emptiers for emptying and flushing street gullies.

W. R. BOOKER, A.M.Inst.P.C.
Cleansing Superintendent.

Sanitary Inspection of the Area.

At the end of the year the staff of the Sanitary Inspector's Department consisted of the Chief Sanitary Inspector and his Deputy, together with a Meat and Foods Inspector and four Sanitary Inspectors. One vacancy for a Sanitary Inspector existed from the previous year and as no applicants for the post were forthcoming the Health Committee early in the year decided to appoint trainee or student inspectors. The intention was to build up to three students at various stages of training. The applicants for the first of these posts were of a most satisfactory standard and the one appointed took up his duties in February 1955. By the end of the year he had become a useful member of the staff and arrangements were then made for a second trainee to commence duty at the beginning of 1956. In addition to the Sanitary Inspectors there is one Housing Survey Officer and there are three Rodent Operatives attached to this Department. The Infectious Diseases Enquiry Officer works part time in the Sanitary Inspector's Department dealing mainly with disinfection.

The bulk of the work of the Inspectors during the year has been once again in connection with the repair of dwellinghouses and their out-buildings. Recent Annual Reports have contained remarks on the nature of this work and the difficulties associated with it. The effect of these difficulties can be seen in the larger numbers of Abatement and Statutory Notices served and further evidence is afforded by the fact that in a number of cases it was necessary to obtain Magistrates' Orders to enforce the execution of repairs, whilst in other cases the work had to be done by the Corporation in default of the owner and costs had to be recovered.

Most of the nuisances and defects were, however, still dealt with by informal means, i.e. by the issuing of Preliminary Notices, which are in fact letters drawing attention to defects and suggesting remedies.

During the year 561 Preliminary and Informal Notices and 90 Abatement or Statutory Notices for the abatement of nuisances and remedy of sanitary defects in and around dwellings were served on owners and occupiers. In the case of one Statutory Notice which required an owner to repair a burst water closet service pipe, the owner lodged an appeal on the grounds that, having made special arrangements for the protection of the water pipe against damage by frost, the responsibility for the repair ought to rest on the tenant. The Magistrates upheld the requirements of the Notice and subsequently the work was carried out by the owner. In 5 cases it was necessary to institute legal proceedings against owners of property and to obtain Magistrates' Orders to enforce the execution of repairs. In those cases the work had subsequently to be carried out by the Corporation and the costs recovered from the owners. In 13 other cases concerning water closets, drains, rainwater pipes, etc. the Statutory Notices were not complied with and the Corporation carried out the work in default of the owners. Subsequently arrangements had to be made to recover the cost of

these works. The following classified statement shows the nature of the works which were accomplished during the year. The statement also includes work carried out in factories and food premises, etc., following the service of Preliminary Notices, but excludes work done under the Housing Acts.

NATURE OF NUISANCES DEALT WITH.

HOUSES—

Verminous dwellings disinfested	...	...	...	...	...	84
Dirty houses cleaned	...	...	...	...	...	22
Repairs to roofs, floors, walls, eavestroughing, rainwater pipes, chimneys and general repairs to brickwork or stonework (including dampness) and repair or renewal of house fittings	...	...	...	...	...	1,151

YARDS, PASSAGES, ETC.—

Repairs to yard surfaces, gates, walls, etc.	...	...	...	...	13
Offensive accumulations and stagnant water removed	...	...	...	...	33

SANITARY CONVENIENCES—

Closet buildings repaired	...	...	...	...	...	57
Closet fittings repaired	...	...	...	...	...	113

DRAINS—

Main or branch drains repaired or cleared	63
---	-----	-----	-----	-----	----

GENERAL— ...

Absence or unsatisfactory condition of sanitary accommodation at factories and shops	...	...	...	...	...	7
Miscellaneous nuisances remedied	...	...	...	...	...	17

FOOD PREMISES—

Absence of washing facilities	...	...	...	...	...	3
Want of limewashing or cleansing of premises used for the preparation or storage of food	...	...	...	...	...	3

ROCHDALE CORPORATION ACT, 1948—ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT.

Part VIII of this Act provides that any person carrying on an establishment within the meaning of the Act without a Licence or exemption, becomes liable to legal proceedings. During 1955, 22 Licences were renewed and two exemptions were extended. No further applications were received during the year.

During the year the Inspectors have paid 22 visits of inspection to premises as officers duly authorised in accordance with the provisions of the Act.

HOUSING.

The Housing Repairs and Rents Act 1954 which amends earlier Housing Acts, provides powers to enable the Local Authority to deal with unfit houses. It also provides that every Local Authority is to formulate proposals for dealing with houses unfit for human habitation and with any other houses which in the opinion of the Authority ought to be included in Clearance Areas. The Council's proposals which were submitted to the Ministry are given below.

Required Form of Proposals.

Total number of permanent dwellings in the Local Authority's area—31,317.

PART 1.—THE TOTAL PROBLEM.

- | | | |
|------|--|-------|
| (i) | Estimated number of houses unfit for human habitation within the meaning of section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under section 11 or section 25 of the Housing Act, 1936 | 5,000 |
| (ii) | Period of years which the Council think necessary for securing the demolition of all the houses in (i) | 10 |

PART 2.—ORDERS ALREADY MADE, ETC.

- | | | |
|-------|---|-----|
| (iii) | Number of houses in (i) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the Local Authority | Nil |
| (iv) | Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative ... | Nil |

PART 3.—ACTION IN THE FIRST FIVE YEARS.

- | | | |
|--------|---|-------|
| (v) | Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years | Nil |
| (vi) | Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the Local Authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister | 2,600 |
| (vii) | Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation | 500 |
| (viii) | Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years | 2,100 |
| (ix) | Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under section 11 of the Housing Act, 1936... | 400 |

Individual Unfit Houses.

Representations concerning 130 houses were submitted to the Housing Committee. Of these, two were empty when the representations were made. The Housing Committee dealt with the representations as follows :—

Demolition Orders made	86
Closing Orders made	30
Undertakings accepted from Owners that houses would not be used for human habitation	13

One house was still under consideration at the end of the year.

It may be of interest to record that since 1945, 491 Demolition or Closing Orders have been made by the Council and, with the exception of 17, all of these have been made since 1949. It will be seen that in a period of acute housing shortage the Housing Committee has been making a steady if unspectacular contribution towards the elimination of unfit houses and that this contribution has been made before the Government's demand for a large scale attack upon the problem of unfit houses.

Certificates of Disrepair.

The Housing Repairs and Rents Act 1954 provided that property owners could, subject to certain safeguards, demand increased rents for dwellinghouses which were in good repair. It also provided that a tenant who feels that an increase in rent is not justifiable may apply for a Certificate of Disrepair which, if granted, would enable him to withhold payment of the proposed increase until the Corporation revokes the Certificate of Disrepair. The power to issue these Certificates was delegated by the Council to the Chairman of the Housing Committee after consultation with the Medical Officer of Health and the Town Clerk.

During 1955, 34 applications were received for Certificates of Disrepair and all were granted. Of these 21 were revoked after the completion of repairs specified in the notices but in 4 cases the revocation of the Certificates was refused as the necessary repairs either had not been completed or were unsatisfactory. Subsequently in one of these cases a Certificate of Revocation was issued after additional work had been carried out. In the remaining 10 cases the Certificates were still operative at the end of the year.

Houses-let-in-lodgings.

The Housing Repairs and Rents Act 1954 also provides means by which it is intended to secure the fitness of houses-let-in-lodgings according to the number of families accommodated. It also seeks to prevent overcrowding of such premises. It is unfortunate that the new Act does not require persons having control of houses-let-in-lodgings to notify the Local Authority of the existence of

such premises and therefore these new powers can only be applied to such premises as may come to the notice of the Department from time to time. During the year sixteen Notices were served requiring the provision of additional facilities and amenities, or the abatement of overcrowded conditions. In two cases proceedings were taken for failure to comply with Notices and the Magistrates imposed a fine of £5 in each case. In two other cases proceedings had to be taken to enforce compliance with the requirements of Notices concerning overcrowding of rooms. In one case the Magistrates imposed a fine of £20 and in the other a fine of £25 and orders were made requiring the abatement of overcrowding. Subsequently one of these houses was closed down and for some days a very awkward situation existed since a number of families were unable to find accommodation. The house had not been re-opened at the end of the year.

Enquiries Concerning Properties.

It has been the practice of the Department for some years to assist purchasers of property by giving them information about any property in which they are interested. This service is increasing and during the year 365 such enquiries were received. It seems likely that the demand for information of this kind will again increase in 1956. In addition, the Town Clerk's Department has made 1,330 enquiries under the Local Land Charges Act. Officially, this should involve no more than a search for any outstanding notices, but it has been the practice of the Department to scrutinise each enquiry to see if the house is likely to become the subject of Housing Act procedure. In many cases this information is asked for by Solicitors acting for purchasers of properties.

Applications for Corporation Houses.

During 1955, 144 houses have been inspected and reported upon in this connection. It is complimentary to the Points Letting Scheme that these special cases remain small in number.

Housing Survey.

The survey of housing conditions in the Borough continued and, although only one Inspector was employed, reports were made on 3,019 houses, bringing the total number of houses inspected to 21,222. The reports on 172 houses which had been demolished or closed have been removed from the records. In order that the figures may be up to date at the publication of this Report, some work done in 1956 has been included. All the wards of the Borough have now been surveyed in varying degrees. The Survey Officer is engaged in re-surveying wards to get reports on houses which were missed during earlier years. Table I brings up to date the results of these inspections.

The wards concerned are indicated by symbols:— "A"—Falinge; "B"—Wardleworth; "C"—Central; "D"—Balderstone; "E"—Newbold; "F"—Deeplish; "G"—Smallbridge; "H"—Healey; "I"—Brimrod; "J"—Castleton; "K"—Norden and Bainford; "L"—Spotland.

TABLE I.

	Ward "K"	Ward "L"	Wards "A, B, C, D, E, F, G, H, I, J."	Totals
AGES OF HOUSES :				
Built before 1870	769	494	8,681	9,944
Built 1871—1890	133	191	3,640	3,964
Built 1891—1915	303	730	6,650	7,683
Built 1916—1932	250	247	352	849
Built after 1932	166	256	1,439	1,861
Totals for whole Ward ...	1,621	1,918	20,862	24,301
TYPE OF HOUSES :				
Back-to-back	94	69	1,636	1,799
Inset Cottages	7	19	256	282
Not through houses	127	39	514	680
Through houses	1,171	1,406	15,705	18,282
Others	51	36	92	179
Total number surveyed ...	1,450	1,569	18,203	21,222
CLOSET ACCOMMODATION :				
Water Closet	1,143	1,527	17,153	19,823
Waste Water Closet	—	22	561	583
Pail Closet or Privies ...	307	20	492	819
DOMESTIC WASHING FACILITIES:				
Washing done in—				
Wash-houses	18	6	172	196
Wash cellars	29	21	648	698
Sculleries or Kitchens ...	1,257	1,374	14,077	16,708
Living rooms or living kitchens	146	168	3,306	3,620
HOUSES WITH FIXED BATH : ...	745	793	5,029	6,567
HOUSES WITH VENTILATED				
FOOD STORES :	517	530	2,044	3,091
GENERAL STANDARD OF REPAIR:				
Good	739	851	6,411	8,001
Medium	451	577	7,961	8,989
Poor	260	141	3,831	4,232
HOUSES OVERCROWDED ACCOR- DING TO HOUSING ACT				
STANDARDS :	1	—	103	104

Number of inhabited houses (Census 1951) 29,426

Number of houses on Corporation Estates 6,683

TABLE II.

House Type	Date of Erection						Totals Not Insp.
	Pre 1871	1871- 1890	1891- 1915	1916- 1932	1932	Insp.	
Through	5,201	3,389	7,026	827	1,839	18,282	—
Back-to-back ...	1,743	56	—	—	—	1,799	—
Inset	278	4	—	—	—	282	—
Not through	665	15	—	—	—	680	—
Not Inspected ...	1,473	409	544	7	17	—	2,450
Others Inspected— Shops, Hotels Farms, etc. ...	100	20	45	10	4	179	—
Other Not Inspected	484	71	68	5	1	—	629
Total Inspected ...	7,987	3,484	7,071	837	1,843	21,222	—
Total Not Inspected	1,957	480	612	12	18	—	3,079
TOTAL	9,944	3,964	7,683	849	1,861	24,301	

Table II shows that the vast proportion of the back-to-back property problem belongs to the era before 1871. It should be noted that the Table cannot be compared with previous years. It is merely a statement of fact based on data now almost complete.

TABLE III.

	Pre 1871	1871- 1890	1891- 1915	1916- 1932	1932	
Total No. in District	7,987	3,484	7,071	837	1,843	21,222
Baths	1,004	633	2,293	793	1,843	6,566
Hot Water B/Boiler	1,151	746	2,764	812	1,843	8,217
Hot Water Geyser	1,505	923	1,781	14	—	4,223
W.C.	7,202	3,411	6,527	837	1,843	19,820
W.W.C.	54	25	505	—	—	584
Pail	722	48	40	—	—	819
Privy	9	—	—	—	—	9
Water supply Satis.	7,867	3,480	6,928	837	1,843	20,955
Drainage Satis....	7,011	3,403	6,510	837	1,843	19,604
Food Store Satis.	224	56	385	715	1,711	3,091
Yards and Gardens	2,059	2,976	6,911	807	—	12,753
Sinks—Porcelain	4,691	2,475	5,694	834	1,843	15,537
Salt Glazed	209	174	414	3	—	800
Stone	3,087	835	963	—	—	4,885
Washing Facilities—						
Scullery	5,145	2,198	4,619	820	1,841	14,623
Kitchen	554	398	1,130	2	1	2,085
L.Rm/K.	554	496	983	8	—	2,041
L.Rm.	1,392	110	77	—	—	1,579
Cellar	268	239	191	—	—	698
Wash-house	74	43	71	7	1	196
Standard—Good	587	859	3,880	832	1,843	8,001
Medium	3,701	2,186	3,098	4	—	8,989
Poor	3,699	439	93	1	—	4,232
Overcrowded	87	9	8	—	—	104

Table III gives more detail of the condition of the houses according to their age and again shows the preponderance of the problems in the pre-1871 houses. This group of houses is further analysed in Table IV.

TABLE IV.

				Type Pre 1870					
				Thro.	B.to B.	Not Thro.	Inset	Others	
No. in District	...	...	...	5,201	1,743	665	278	100	7,987
Baths	...	...	...	934	6	16	—	48	1,004
Hot Water B/Boiler				1,066	9	23	3	50	1,151
Hot Water Geyser	...	...	...	1,188	191	82	24	20	1,505
W.C.	...	...	...	4,862	1,577	446	253	64	7,202
W.W.C.	...	...	...	46	—	6	—	2	54
Pail	...	...	...	288	166	209	25	34	722
Privy	...	...	...	5	—	5	—	—	9
Water Supply Satis	...	...	...	5,172	1,734	604	274	83	7,867
Drainage Satis.	...	...	...	4,833	1,437	418	257	66	7,011
Food Storage Satis.	...	...	...	207	1	6	2	8	224
Yards and Gardens	...	...	...	1,899	32	73	5	50	2,059
Sinks—Porcelain	...	...	...	3,570	616	325	94	86	4,691
Salt Glazed	...	...	...	140	48	15	5	1	209
Stone	...	...	...	1,491	1,079	325	179	13	3,087
Washing Facilities—									
Scullery	...	...	...	3,787	834	387	64	73	5,145
Kitchen	..	...	...	521	8	15	3	7	554
L.Rm/Kit.	...	...	...	481	25	31	9	8	554
L.Rm.	...	...	...	106	863	219	202	2	1,392
Cellar	...	...	...	243	12	8	—	5	268
W.House	...	...	...	63	1	5	—	5	74
Standard—Good	...	...	...	573	5	3	—	6	587
Medium	...	...	...	2,994	407	147	94	59	3,701
Poor	...	...	...	1,634	1,331	515	184	35	3,699
Overcrowded	...	...	...	35	39	4	8	1	87

The up-to-date estimate of the housing problem in Rochdale is, therefore, as follows :—

Through houses in poor condition (Table IV)...	...	...	...	1,634
Back-to-back houses (Table IV)...	...	...	...	1,743
Not through houses (Table IV)	...	...	...	665
Inset cottages (Table IV)	...	...	...	278
Houses built 1871-1890—in poor condition (Table III)	...	...	...	439
Houses built 1891-1915—in poor condition (Table III)	...	...	...	93

4,852

Common Lodging Houses.

At the beginning of the year five of these premises were registered, four being granted licences for the whole of the year and one for three months. In the latter case, the short period of licensing was adopted, because of certain unsatisfactory conditions. The Licensee failed to apply for renewal of the licence and it lapsed. The premises were vacated and demolished. Later in the year another common lodging house became vacant and disused, so that at the end of the year there remained in the Borough three common lodging houses comprising 17 rooms and containing 291 beds.. There were 30 visits of inspection made during the year.

It is expected that one of the remaining three common lodging houses will soon be closed and it may be of interest to recall that when the Department took over the control of common lodging houses in 1936 there were 13 registered premises which comprised 81 rooms and provided accommodation for 724 persons, 707 beds being provided for the use of males and 17 others, some of which were used by couples and the remainder by females.

Closet Accommodation.

The accommodation in the Borough at the end of December, excluding premises on the fresh water carriage system, was approximately as follows :—

Pail Closets	...	...	...	...	...	821
Waste Water Closets	...	...	...	...	...	1,139

During 1955, 56 pail closets and 60 waste water closets were converted to the fresh water carriage system, or were demolished. At the end of the year a survey was undertaken for the purpose of a special report to the Health Committee in January. This showed that 821 pail closets were still in use.

	Houses		Other Premises	Total
	Separate Accommodation	Joint Accommodation		
I. Number of premises involved	454	518		972
II. Unsuitability or absence of sewers as primary obstacle	337	118	84	539
III. Closets associated with properties due for demolition or improvement involving vacation of some houses	90	128	2	220
IV. Capable of conversion without much technical difficulty	27	8	27	62
V. Total Pail Closets	454	254	113	821

It will be seen from this Table that the pail closets which now remain are chiefly those where there is technical difficulty in conversion, where conversion ought to be associated with house improvement, or where the owners either have proved unco-operative or have not the financial resources necessary.

Smoke Abatement.

There were 92 smoke observations of one half-hour each made during the year and these revealed 8 contraventions of the Public Health Act and as one chimney was used jointly by two firms, 9 Smoke Notices were authorised by the Committee. The emission of black smoke from a factory chimney for more than two minutes in any period of thirty minutes is a contravention of this Act.

Smokeless Zone.

The Central Smokeless Zone authorised by the Rochdale Corporation Act 1948, finally came into operation on 5th July 1954. The premises in the Smokeless Zone have been the subject of frequent observation and whenever smoke has been observed to be emitted, the premises have been visited and the source of the smoke investigated. No action stronger than advice and admonition has been necessary.

This Act also gave power to extend the Smokeless Zone and this the Committee and the Department intended to do. Unfortunately, shortages of staff have made it quite impossible to survey the areas named for extension. In the meantime, the small Central Zone makes some contribution to the Clean Air Campaign, in addition to its propaganda value.

Measurement of Atmospheric Pollution.

Three stations sited as under, provide records indicating the nature and extent of atmospheric pollution in the Borough. At each of these there is a deposit gauge and a sulphur dioxide gauge.

- A. Roch Mills Sewage Works.
- B. Near the Church of the Good Shepherd, Entwisle Road.
- C. Foxholes House, Rugby Road.

By this arrangement it is hoped that the Roch Mills gauges will give an indication of pollution where the prevailing south-west wind enters the Borough and before it normally receives the products of combustion produced in the town. The other two stations, being situated to the north-east of the Roch Mills site, should give some indication of the pollution of the atmosphere by the Borough itself.

The succeeding Table shows the results of the analyses of the material collected in the three deposit gauges during the year, and the average figures for the years 1952, 1953 and 1954 are also included so that some comparison may be made.

ATMOSPHERIC POLLUTION—Average Monthly Deposit at Three Gauges during 1955.

A.—Roch Mills Gauge (Sewage Works) B—Entwisle Road Gauge C—Foxholes House Gauge

Month	Average Rainfall in millimeters			Insoluble Deposit in tons per sq. mile			Soluble Deposit in tons per sq. mile			TOTAL DEPOSIT in tons per sq. mile		
	A	B	C	A	B	C	A	B	C	A	B	C
January	67	78	75	8.40	12.00	7.06	8.30	9.61	9.40	16.70	21.61	16.46
February	45	60	46	3.98	2.33	3.77	4.88	6.61	5.67	8.86	8.94	9.44
March	46	48	48	7.40	9.73	6.47	4.94	4.93	4.50	12.34	14.66	10.97
April	59	54	65	8.39	12.54	7.10	7.56	9.01	5.10	15.95	21.55	12.20
May	102	103	116	4.61	18.78	11.27	8.59	8.37	7.47	13.21	27.15	18.74
June	82	85	86	6.67	14.54	7.60	7.10	6.50	5.73	13.77	21.04	13.63
July	51	31	25	4.25	7.70	4.27	4.28	2.24	2.97	8.53	9.94	7.24
August	34	39	33	6.77	14.68	8.97	4.21	3.90	3.60	10.98	18.58	12.57
September	81	88	92	5.94	9.00	8.14	5.34	5.64	7.24	11.28	14.64	15.38
October	62	69	74	4.91	8.24	7.10	6.54	5.84	6.37	11.45	14.08	13.47
November	55	52	57	6.44	6.17	4.14	5.11	3.34	3.54	11.55	9.51	7.68
December	124	144	143	9.56	9.87	8.57	12.61	10.27	12.38	22.17	20.15	20.95
TOTALS	808	851	860	77.32	125.58	84.76	79.46	76.26	73.97	156.79	201.85	158.73
AVERAGES	67	71	71	6.44	10.46	7.06	6.62	6.35	6.16	13.06	16.82	13.23
Average of three gauges												
Average of three gauges 1954				7.99			6.38			14.37		
Average of three gauges 1953				9.99			9.24			19.23		
Average of three gauges 1952				8.2			6.88			16.29		
				85			8.99			16.94		

Sulphur Dioxide Gauges.

The results obtained from these instruments are tabulated below :—

Month			Roch Mills	Entwisle Road	Foxholes	Average
January	...	...	2.25	2.86	2.99	2.70
February	...	...	1.78	3.08	2.48	2.44
March	...	...	1.73	1.53	1.66	1.64
April	...	...	0.87	1.61	1.07	1.03
May	...	...	1.24	1.09	1.18	1.17
June	...	...	1.45	1.12	1.35	1.31
July	...	...	0.92	0.56	0.84	0.77
August	...	...	0.94	0.56	0.77	0.76
September	...	...	1.05	0.86	1.12	1.01
October	...	...	1.08	0.89	1.06	1.01
November	...	...	1.90	2.26	2.36	2.17
December	...	...	2.29	2.01	1.99	2.09
Average for 1955			1.46	1.49	1.57	1.51
1954			1.72	1.59	1.68	1.66
1953			1.60	1.58	1.59	1.59
1952			1.49	1.55	1.36	1.47

The results given above are the weight in milligrammes of SO_2 collected per day on 100 square centimetres of treated fabric exposed. The purpose of this particular survey is to detect changes which may be taking place in the amount of pollution emitted each month, and not to estimate the total amount of sulphur emitted in any given area.

Local Joint Consultative Committee on Atmospheric Pollution.

The Committee met four times during the year and three visits were paid to premises at which practical means had been adopted towards reducing atmospheric pollution. Other matters dealt with included consideration of methods of publicity and progress in the establishment of smokeless zones also the Committee is supplied periodically with data on atmospheric pollution and information concerning new developments of interest.

INSPECTION AND SUPERVISION OF FOOD

The Milk (Special Designations) (Specified Areas) (No. 2) Order, 1954 requires that all milk sold by retail for consumption in Rochdale homes must be either Tuberculin Tested, or Pasteurised or Sterilised.

Milk Distribution.

Since the Milk and Dairies Regulations 1949, came into operation the Local Authority has the duty of controlling the distribution of milk and has also control over the use of the various special designations.

Licenses and registrations issued under these Regulations :—

Premises used as a Dairy	...	...	...	...	...	3
Persons licensed as Distributors of Milk	...	...	...	...	...	375
Dealer's Licences to sell Pasteurised Milk	...	...	...	...	...	96
Dealer's Licences to sell Tuberculin Tested Milk...	...	...	...	...	...	85
Dealer's Licences to sell Sterilised Milk	...	...	...	...	...	619
*Supplementary Licences —Pasteurised Milk	...	...	...	...	...	32
	Tuberculin Tested Milk	...	...	...	...	30
	Sterilised Milk	...	...	...	...	34

*A Supplementary Licence is issued to persons whose premises are outside the Borough, but who distribute within the Borough.

Cleanliness and Keeping Quality of the Milk Supply.

149 samples of milk were obtained and were tested to determine the cleanliness or keeping quality of the milk and, where the samples were of heat-treated milk, tests were applied to determine the efficiency of heat treatment.

The Methylene Blue Reduction Test was applied to 129 samples of which :—

72 were tuberculin tested milks	...	...	10 proving unsatisfactory
24 were tuberculin tested pasteurised milks	...	...	1 proving unsatisfactory
33 were pasteurised milks	...	...	1 proving unsatisfactory

The unsatisfactory samples were reported to the Ministry of Agriculture, Fisheries & Food whose duty it is to investigate samples which are not satisfactory in this respect.

The Turbidity Test was applied to 20 samples of Sterilised Milk. All proved satisfactory.

The Phosphatase Test was applied to 57 samples of milk, 24 being of Tuberculin Tested Pasteurised Milk and the remaining 33 of Pasteurised Milk. One sample of Tuberculin Tested Pasteurised Milk and one of Pasteurised Milk gave unsatisfactory results indicating that the heat treatment had not been properly applied. The Local Authority in whose district the pasteurising plant was situated were informed of the occurrence and they made investigations into the cause which proved to be a mechanical fault in the plant. This was put right

and subsequent samples were found to be satisfactory.

Examination of Milk for M. Tuberculosis.

78 samples of milk were taken during delivery to customers for examination for the presence of M. Tuberculosis. All samples were negative.

Slaughterhouses and Knacker's Yard.

In the last Annual Report it was mentioned that there were two premises for the slaughter of horses. In order to effect improvement in these premises, which were within the same curtilage, representations were made to the owners and these resulted in one of the slaughterhouses being altered and being equipped as a lairage. The remaining set of buildings were improved, including the provision of a stunning pen, and are now in use as the actual slaughterhouse used by both of the firms concerned.

The Knacker's Yard was also the subject of improvements which included the provision of a lairage and a stunning pen.

The present position with reference to the slaughtering of cattle, sheep and pigs, is that one slaughterhouse is operated by the Markets Committee and this is available for use by the private butchers. One slaughterhouse is occupied by a wholesale butcher, while the two others are used by individual butchers to provide meat for their own shops.

Despite improvements, it cannot be said that any of the premises are either ideally situated or completely suitable for their purpose and, of course, until all slaughtering is carried out in one public abattoir there is bound to be some waste of the Meat Inspector's time and, as a result, incomplete supervision of the slaughtering of animals for human consumption.

We still have no information as to the Government's slaughterhouse policy, as affecting this immediate area.

Meat and Food Supply.

There has been regular inspection of meat and food offered for sale and nearly 31 tons have been condemned as unfit for human consumption being either destroyed or disposed of for salvage purposes. This work involved 1893 visits during the year.

Condemned meat is collected by the Cleansing Department and taken to Entwisle Road Works where it is treated to produce fertiliser. The Health Committee decided that there should be no payment of condemned meat surrendered for destruction or salvage. One firm of wholesale butchers, in order to test this decision, refused to surrender the carcase and organs of a cow affected by generalised tuberculosis. There was no question about the unfitness of the carcase for human consumption. The matter was raised by the butcher purely to test the validity of the Committee's instructions. Accordingly, a Magistrate was called to the slaughterhouse and he made an order condemning the carcase

and organs and authorised destruction. Subsequently the Health Committee gave further consideration to their policy and decided to maintain it. The firm of butchers concerned took no further proceedings and since this occurrence the question has not been raised again.

The following Table gives a detailed report on the examination of carcasses inspected at the slaughterhouses. In addition to the inspection of animal carcasses shown in the Table, the Meat Inspectors saw the carcasses of 1,452 horses. Of these, 1 whole carcass and 9 part carcasses were condemned as unfit for human consumption. In addition offal weighing 1,380 lbs. was condemned. It will be observed that the number of horses slaughtered has continued to decline the totals for 1954 and 1953 being 1,795 and 2,202 horses respectively.

Carcasses Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,843	3,178	488	19,740	1,535
Number inspected	1,843	3,178	488	19,740	1,535
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole carcasses condemned ...	—	7	1	8	2
Carcasses of which some part or organ was condemned ...	265	947	2	609	14
Percentage of the number inspected affected with disease other than Tuberculosis ...	14.38%	30.19%	.61%	3.12%	1.04%
TUBERCULOSIS ONLY :					
Whole carcasses condemned ...	1	20	2*	—	3
Carcasses of which some part or organ was condemned ...	91	913	—	—	53
Percentage of the number inspected affected with Tuberculosis	4.99%	29.36%	0.41%	—	3.65%
ALL DISEASES EXCEPT TUBERCULOSIS & CYSTICERCI :					
CYSTICERCOSIS ONLY					
Carcasses of which some part or organ was condemned ...	3	—	—	—	—
Carcasses submitted to treatment by refrigeration ...	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

*These were cases of congenital tuberculosis in calves. In one case the dam was traced and slaughtered. In the other case sufficient information was not available for further investigation to be made.

Rochdale Corporation Act 1937.

This Act deals with the registration of premises used for the preparation and sale of certain foodstuffs. During the year visits have been made regularly to various classes of food premises as shown by the following Table :—

Fish and Chip Shops	...	...	...	...	...	...	11
Bakehouses	...	...	...	...	...	...	208
Cafe and Restaurants	...	...	...	...	...	...	48
Canteens	...	...	...	...	...	...	33
Licensed Premises	...	...	...	...	...	...	19
Miscellaneous Premises, principally shops etc.	...	...	...	...	...	...	329
							648

In the matter of factory canteens the help and co-operation of the Canteens Advisors at H.M. Inspector of Factories is readily available to the Department and although it was not necessary to take advantage of this assistance during the year Officers of the Department kept in touch with the Advisers.

Food Poisoning.

Food Poisoning Notifications returned to the Registrar General :—

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
—	5	2	—	7

Outbreaks due to identified agents :—

Total Outbreaks...	...	1	Total Cases...	...	5
--------------------	-----	---	----------------	-----	---

Outbreak due to Salmonella Organism—Typhi-murium.

Outbreaks of undiscovered cause :—

None.

Single Cases :

Agent Identified	Unknown Cause	Total
2*	—	2

* 1 (S.I.)—Typhi-murium

1 (P.S.M.)—Salmonella Heidelberg.

The outbreak mentioned involved five members of a family. Two children took ill, one four days after the other. The remaining members of the family were infected by the organism, but none of them took ill. All attempts to find the source in association with cases occurring near Rochdale, with food or with animals, proved unsuccessful.

The single case (S.I.) was quite severely affected by Enteritis symptoms, but no other member of the family was involved, either clinically or bacteriologically.

The other isolated case (P.S.M.) was followed up even more carefully, because we were informed by the Ministry of Health Laboratory that the organism is rare in the area. Two cases had been reported just previous to this

finding, one was seven miles away from Rochdale and the other eleven miles away. None of the other members of the family was affected clinically. No food substance could be implicated and we could trace no connection with the outside cases. A further point of interest was that the mother lived in one room with three children, in a house let-in-lodgings with several other families, the children of the various families playing altogether as one unit. There were no other cases in the house either.

Manufacture and Sale of Ice Cream.

At the end of the year 330 premises were registered for the sale and storage of ice cream and 2 premises were registered for the manufacture, storage and sale of ice cream. There were 78 visits of inspection to manufacturers of ice cream and 33 visits of inspection to premises where ice cream is sold. In addition, 36 samples of ice cream were taken and submitted to the Public Health Laboratory for examination.

The results were as follows :—

Grade 1—26 samples

Grade 3—4 samples

Grade 2—3 samples

Grade 4—3 samples

Samples falling into Grades 1 and 2 are regarded as satisfactory. Those falling into Grade 3 are regarded with suspicion and Grade 4 samples call for investigation.

Food and Drugs Act, 1938.

During the year 191 samples (91 formal and 100 informal) were analysed or otherwise examined by the Public Analyst. The samples comprised 82 Milks, 32 Beef Sausages, 20 Sweets, 10 each of Ice Creams, and Pork Sausages, 6 Alcoholic Wines, 5 Meat Pies, 2 each of Skimmed Milk Powder, Currants, Butter, Dressed Crab, Vinegar and Dripping, 1 each of Jam, Marmalade, Sponge Mixture, Sultanas, Potted Meat, Salmon Spread, Salmon Paste, Crab Paste, Crab Meat, Ground Almonds, Blackcurrant Juice, Tea-cake, Raisins and Whisky.

Thirteen samples equal to 6.8% of those taken were reported against, 3 of these were samples of sweets which were deficient in butter fat, one of them was an informal sample and a formal sample taken later proved to be genuine.

Of the two remaining samples, one was an informal sample of Rum and Butter Toffee and the other was a formal sample of similar sweets taken subsequently at the same shop. Both proved to be deficient in butter fat. The vendor had obtained them from a wholesaler who bought from several sweet manufacturers. The matter was reported to the Local Authorities in whose areas the wholesalers' and manufacturers' premises were situated. It has been noted that since this action was taken, this particular brand of sweet is sold under labels which indicate that it contains neither rum nor butter.

One sample of crab meat was submitted by a vendor who suspected a wholesaler of supplying something other than crab meat. It was, in fact, a crab paste, that is, it contained other ingredients other than crab meat. As a result of this representations were made to the wholesaler and a sample taken later was genuine crab meat.

Four informal samples of sausages were reported to be deficient in meat content, three of these were followed up by the taking of formal samples which proved to be genuine. In the remaining case it was not possible to obtain a comparable formal sample as the butcher had changed his source of supply. Two other informal samples of sausages contained undeclared preservative in the form of sulphur dioxide, subsequently two formal samples gave a similar result. Investigation showed that the butchers had made their own sausages and that they had used a "proprietary filler" the containers of which clearly stated that sausages made with this material would contain preservative. Accordingly, proceedings were instituted, the two defendants were each fined £1 and each was ordered to pay the Analyst's fee of £1 1s. 0d. This action was taken to publicise the need for a vendor to declare the presence of preservative in food sold for human consumption. In order to re-inforce this publicity, representations were made to the Secretary of the Butchers' Guardian Association to ensure that no member of that Association should be unaware of his responsibilities in this respect.

The only other adulterated sample was of milk. This was a sterilised milk and it was submitted as an informal sample by the actual purchaser who complained that it appeared to be mainly water. Analysis showed that in fact it contained 72.8% of extraneous water. Normally this would not have been the subject of legal proceedings, but in this case it was possible to call evidence to show that there had been no interference with the sample from the time it was bought until the time it was handed to the Analyst. Also, it was found that the lip of the bottle was chipped and on enquiry and investigation at the sterilising plant it was discovered that such a defective bottle would allow milk to be expelled and water to be drawn in during the sterilising process. Proceedings were taken against the firm which had sterilised and bottled the milk and the Magistrates imposed a fine of £25. In addition, the firm were ordered to pay £3 3s. 0d. Advocate's Fees and £3 3s. 0d. other costs. This is the first time in Rochdale that proceedings have been instituted against a vendor for selling watered milk where the sample had not been purchased by an Inspector and divided according to the provisions of the Food and Drugs Act.

Rag Flock and Other Filling Materials Act, 1951.

This Act provides for the registration of premises where filling materials of certain types are used in the manufacture of bedding, toys, baby carriages and other articles of upholstery and also for the licensing of premises where rag flock is manufactured or stored. Regulations made under the Act apply certain standards by which the cleanliness of certain filling materials can be assessed.

Four premises in the Borough were registered for the purposes of the Act. No premises exist which require licences.

Prevention of Damage by Pests Act, 1949.

The staff engaged on this work consists of three men with assistance provided by the Borough Surveyor's Department whilst the destruction of rats in sewers is proceeding.

During the year 959 dwellinghouses and 649 business and other premises were inspected for the presence of rats and mice. 937 treatments were carried out at 695 dwellinghouses and at 171 business and other premises, and the total number of visits needed to carry out this work was 3,924.

The main sewers were treated twice during the year. In the course of the first treatment 2,361 manholes were baited and 502 of these showed evidence of rat infestation and were treated by the placing of poison baits. This work was preceded by the test baiting of 224 manholes in districts where rat infestation of the sewers was thought to be unlikely. This work enabled us to exclude 690 manholes from the treatment.

The second treatment took place in November and December and 1,646 manholes were baited. Of these 383 were found to be infested and were treated by the placing of poison baits. On this occasion of course the bait and poison used differed from the ones employed in the first treatment of the year.

Cleansing Station.

The general work of the Cleansing Station is under the supervision of a District Sanitary Inspector. The Station is open from Monday morning until Saturday mid-day. Evening sessions are available as required for those engaged in industry.

The following tables show the number of persons cleansed at this Station :—

	1955	1954	1953	1952	1951
Scabies	15	22	16	30	31
Other verminous conditions	130	146	173	179	205
	145	168	189	209	236
	Scabies	O.V.C.	Total		
Infants	3	10	13		
Children of School Age...	10	94	104		
Adults	2	26	28		
	15	130	145		

Once again only a small number of scabies required attention during the year and it was thus found possible to enlist the services of the Clinic staff in dealing with certain problem families, 326 visits being made to 14 such families. 324 follow up visits were made for non-attendance at the T.B. Clinic.

Shops Act, 1950.

317 inspections of premises were made during the year. 6 Notices were served.

Offensive Trades.

The number of premises at which these trades were carried on in the Borough is as follows :—

Tripe Boiling	1	Knacker's Yard (Bone Boiling) ...	1
Fellmongering, etc. ...	1	Rag and Bone Dealers	5

The Knacker's Yard is visited regularly, 88 visits being made during the year. Visits at intervals are made to the other offensive trades.

FACTORIES ACTS, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the year 1955 for the County Borough of Rochdale in the County of Lancaster.

Part I of the Act.

1. **INSPECTIONS** for the purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occu- piers prose- cuted (5)
(i) Factories in which Sec. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	73	32	4	—
(ii) Factories not included in (i) in which Sect. 7 is enforced by the Local Authority	613	446	20	—
(iii) Other Premises in which Sec. 7 is enforced by the Local Authority (excluding out-workers premises)	11	9	1	—
TOTAL	698	487	25	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars (1)	No. of cases in which defects were found				No. of cases in which Pros. instituted
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	27	18	—	18	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	1	—	—	—
(b) Unsuitable or defective	5	5	—	5	—
(c) Not separate for sexes	2	2	—	2	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	36	26	—	25	—

TABLE I.—Vital Statistics of Whole District during 1955,
and previous years.

Year	Population estimated to Middle of each Year	LIVE BIRTHS		Nett Deaths belonging to the District.			
		Nett		Under 1 year of age		At All Ages	
		Number	Rate per 1,000 of est. population	Number	Rate per 1,000 Nett Live Births	Number	Rate per 1,000 of est. population
1945	†81,100	1267	15.6	56	44	1263	15.5
1946	†85,200	1521	17.8	75	49	1272	14.9
1947	†86,110	1725	20.0	95	55	1399	16.2
1948	88,110	1500	17.0	57	38	1245	14.1
1949	88,930	1362	15.3	56	41	1320	14.8
1950	89,530	1371	15.3	64	47	1316	14.7
1951	87,300	1275	14.6	69	54	1457	16.7
1952	86,890	1321	15.2	52	39	1248	14.4
1953	86,350	1297	15.0	40	31	1247	14.4
1954	86,770	1243	14.3	29	23	1198	13.8
Average for years 1945-1954	86,629	1388	16.0	59	42	1296	14.9
1955	86,490	1263	14.6	21	17	1230	14.2

† Estimated Civilian Population

TABLE II.

[illegible]

TABLE III.

INFANT MORTALITY.—Net Deaths from stated causes at various
Ages under one year of age—Year 1955.

CLASSIFIED CAUSES OF DEATH	AGE AT DEATH								Total Deaths under 1 year	
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	1955	1954
Tuberculosis, Non-Respiratory ...	...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases ...	...	...	...	...	...	...	...	...	...	1
Gastritis and Diarrhœa ...	...	...	...	...	...	...	...	...	...	...
Pneumonia ... ..	...	...	...	...	1	1	...	...	2	4
Prematurity	9	...	...	...	...	...	...	...	9	8
Congenital Malformations ...	2	...	...	...	...	1	1	...	4	5
Other Causes	3	...	1	...	1	...	1	...	6	11
ALL CAUSES—1955 ...	14	...	1	...	2	2	2	...	21	...
ALL CAUSES—1954 ...	...	...	...	...	...	...	...	...	...	29

Net Live Births in the year :—Legitimate 1,183 ; Illegitimate 80.

Net Deaths in the year :—Legitimate infants 18 ; Illegitimate infants 3.

ANNUAL REPORT

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

For the Year ended 31st December, 1955

CONTENTS

		A.	
Audiometric Testing	...	...	96
		C.	
Child Guidance	...	...	108
Clinic Services	...	...	83
Cost of Medical Inspection	...	...	114
Convalescent Homes	...	...	113
		D.	
Deafness	...	...	96
Dental Service	...	...	92
Diphtheria Immunisation	...	...	112
		E.	
Ear, Nose and Throat Clinic	...	...	96
Eye Clinic	...	...	94
Educationally Sub-normal Children	...	...	106
		F.	
Foot Clinic	...	...	100
		H.	
Hygiene in Schools	...	...	84
		I.	
Ineducable Children	...	...	109
Infectious Diseases	...	...	112
		M.	
Meals—Provision of	...	...	113
Medical Inspection	...	...	85 & 88–90
Minor Ailments Clinic	...	...	91
		N.	
N.S.P.C.C.	...	...	113
Nursery Schools	...	...	110
		O.	
Open Air School	...	...	103–106
Orthopædic Clinic	...	...	101
Orthoptic Clinic	...	...	95
		P.	
Paediatric Clinic	...	...	102
Physical Education	...	...	100
Population Figures	...	...	83
		R.	
Remedial Education Centre	...	...	109
		S.	
Scabies	...	...	90
School Nurses—Work of	...	...	86
Special Examinations	...	...	112–113
Special Schools	...	...	103–106 & 108
Spectacles—Provision of	...	...	94
Speech Clinic	...	...	98
Staff	...	...	80
		U.	
Uncleanliness	...	...	90
Appendix Tables	I. Medical Inspection	...	115
	II. Return of Defects	...	116
	III. Verminous Conditions	...	117
	IV. Return of Treatment	...	118
	V. Dental Inspection and Treatment	...	120
	VI. Handicapped Children	...	121

SCHOOL MEDICAL SERVICE.

Principal School Medical Officer and Medical Officer of Health	...	...	...	...JOHN INNES, M.D., D.P.H.
Deputy School Medical Officer and Deputy Medical Officer of Health	...	...	...	...NORA MILLS, M.D.
School Medical Officers	...	...	...	...JEAN M. MOORE, M.B., B.S. MARY A. MCKENZIE, M.B., Ch.B.
Principal School Dental Officer	...	...	...	...H. P. GLEDSDALE, L.D.S.
School Dental Officers	...	...	...	...R. J. G. YOUNG, L.D.S., until 14.12.55 T. S. LONGWORTH, L.D.S.
Speech Therapist	...	...	...	...Mrs. S. GOODWIN, L.C.S.T.
Orthoptist	...	...	...	...AUDREY DEAN, D.B.O.
School Nurses	...	...	...	...E. MAXIM, S.R.N., Q.N. H. BOWDELL, S.R.N., S.C.M., H.V., Q.N. P. JOHN, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., R.F.N., S.C.M. H.V., Q.N. M. M. TURNER, S.R.N., S.C.M., H.V. A. TONGE, S.R.N. B. MADEN, S.R.N.
Dental Attendants	...	...	...	...GERTRUDE PETRIE JEAN M. COCKCROFT until September LUCY DANIELS from September NORA SMITH
Clerks	...	...	...	...Mrs. D. BARNISH JUNE MILLS DOROTHY CLARENCE
Consultants :				
Ophthalmic Surgeon	...	...	...	...A. STEWART SCOTT, F.R.C.S., Ed., D.O.M.S.
Aurists	...	...	...	...V. T. SMITH, M.D., F.R.F.P.S. P. K. BASU, M.B., B.S.
Available for consultation at Smith Street Clinic by arrangement with the Regional Hospital Board :				
Paediatrician	...	...	...	...B. WOLMAN, M.D., M.R.C.P., D.Ch.
Orthopaedic Surgeon	...	...	...	...A. P. GRACIE, F.R.C.S.

**To the Chairman and Members of the Education Committee of the
County Borough of Rochdale.**

LADIES AND GENTLEMEN,

I beg to submit my annual Report for 1955, being the forty-seventh report on the School Medical Services in Rochdale.

The school population remains more or less the same as last year.

A very encouraging part of the Report deals with new schools, improved schools and improved facilities in schools.

In this Report we have tried to avoid being too statistically-minded and have aimed in the various sections to describe in general terms either what is now happening, or the work of the people concerned in that section.

The statistics show that many fewer children now require treatment for the various disabilities.

The Report tries to show that a tremendous amount more is now done for the individual child than ever was possible in the past. There are very few cases in which we are now fighting against poverty and undernourishment. It is interesting and sometimes discouraging to be engaged now in a fight against the results of full employment, over-feeding and over-entertainment. It may be that a decade is too short a time in which to adjust our values.

In spite of all this, it is interesting to notice how often the basic principles and simple necessities are mentioned—correct diet, wise parental care, sufficient sleep and cleanliness. It is strange to think of these being in poor supply at a time when any amount of food is available and high wages prevail, when there is so much opportunity for parents to learn how to care for their children, and when such a vastly increased proportion of children is brought up in houses where there is separate sleeping accommodation and full washing facilities.

Once more is recorded the excellent work done in the field of Orthoptics, both in the Clinic and in the Hospital. Equally interesting are the developments for deaf children, where we owe so much to the interest and example of Professor Ewing's Department.

There are several directions in which further opportunity for development would be welcomed. There is only one section in which we have to record impending failure and that is in respect of the School Dental Service. After a year of comparatively full staffing, it seems that the next year will see a very substantial decrease in the staff and, therefore, in the work done in the schools.

It seems difficult to understand the precarious position in which the School Dental Service throughout the Country now finds itself.

We still have no proper Child Guidance facilities. This is obviously a very serious deficiency when so many of the problems presented by children have an emotional rather than a physical basis.

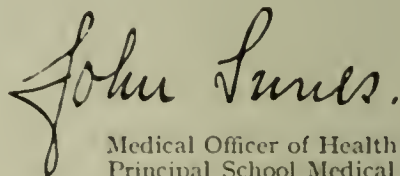
I have once more to acknowledge the work carried out by the School Medical Services staff and to make particular note of Dr. Mills' work in supervising the Department and in preparing this Report. I must at the same time pay tribute to the many other people who have contributed towards the good work recorded in this Report.

It is particularly encouraging to realise that our relationships with the Hospital and Consultant Services are so satisfactory.

I would also acknowledge the support which the staff has continued to receive from the Chief Education Officer and his Department, and from the Members of the Medical and Welfare Services Sectional Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

John Lums.

Medical Officer of Health and
Principal School Medical Officer

7th May, 1956.

School Medical Service

The Registrar-General's estimate for mid-year 1954 was that the population of Rochdale was 86,770.

SCHOOL POPULATION

	Schools	Children
County Schools	26	7,098
Voluntary Schools	13	3,178
Grammar Schools	2	1,010
Technical Schools	2	714
Special Schools	3	243
Nursery Schools	4	288
	50	12,531

Staff.

The staff of the School Medical Service is set out on Page 3. Mrs. Whittaker, School Nurse, left on the 14th March, and was replaced by Mrs. Turner. On the 14th December, Mr. Young, School Dentist, left the service after 13 years with us. Mrs. Goodwin relinquished her appointment as Speech Therapist at the end of the year, but agreed to continue in a part-time capacity until someone could be found to replace her.

A School Nurse attended a refresher course at Cambridge during July. Student Nurses and Health Visitors, Training College Students and other interested persons have again visited our School Clinic and Special Schools during the year.

SCHOOL CLINIC SERVICES

Central Clinic, Penn Street :

Open daily from 9.0 a.m. to 5.0 p.m.

Saturdays from 9.0 a.m. to 12 noon.

- A. **Minor Ailment Clinic**—9.0 a.m. to 12 noon.
- B. **Dental**—Routine—Nine sessions per week
Emergency—Two sessions per week.
- C. **Ophthalmic**—Three sessions per week.
Orthoptic—Ten sessions per week.
- D. **Ear, Nose and Throat**—One session per week (Tuesday a.m.)
- E. **Foot Clinic**—One session per week (Wednesday p.m.)

Other Premises :

B. Dental—

OPEN AIR SCHOOL—Treatment and X-ray Examination—Ten sessions per week (P.D.O.)

NORDEN CLINIC—One session per week (P.D.O.)

BRIMROD SCHOOL—Treatment	} Eleven sessions per week alternate periods of the year.
BALDERSTONE HALL—Treatment	

E. Orthopaedic—

SMITH STREET CLINIC—One session per week (Wednesday a.m.)

F. Paediatric—

SMITH STREET CLINIC—One session per week (Wednesday p.m.).

G. Speech Therapy—

BAILLIE STREET SCHOOL—Eleven sessions per week.

School Hygiene and Inspection.

In March the Central School Clinic was re-decorated throughout in contemporary style, the colours and soft-furnishings being chosen on the advice of the Rochdale School of Art. The results are very gay and cheerful, and the Clinic is a much more pleasant place to work in than it used to be.

During the last twelve months a considerable amount of work has either been started or completed in schools in connection with the improvement of lavatory and sanitary accommodation. The electric wiring installation in several schools has also been renewed and improved.

Alterations to the sanitary accommodation at St. Edward's C. of E. School were completed. At Norden School improved and additional lavatory and sanitary provision was made and a hot water installation completed. Work has been begun on the renewal and improvement of the electric wiring installations at the Technical School for Boys, and at Cronkeyshaw, Derby Street, Meanwood, All Saints' C. of E. and St. Patrick's R. C. Schools. The sanitary accommodation at St. Peter's C. of E. School was improved and further work at this school is now under consideration by the School Managers and the Education Committee.

Plans have been approved for better sanitary accommodation in connection with the use of the gymnasium at Greenbank Secondary Modern School. Plans have also been prepared for considerable alterations to the lavatory, sanitary and school accommodation generally at the Technical Schools for Boys and Girls and at Cronkeyshaw, Derby Street, Lowerplace, Meanwood, Healey C. of E. and Brownhill Schools. Most of the floors at the Thornham C. of E. School were completely renewed.

The Kirkholt and Redbrook Secondary Modern Schools were opened although at Redbrook the building work was only partly completed. The general programme for the improvement of class rooms, staff rooms and Heads' rooms by the provision of fitted wall chalk boards, display panels and amenities for staff generally, was continued at a considerable number of schools.

New colour schemes were also brought into those schools which were decorated internally during the year. These cheerful contemporary interior decorations have made a world of difference to the general atmosphere of the schools and it is encouraging to realise that eventually all the 'pea soup and gravy' effects will have vanished.

Periodic Medical Inspection. (Table I, Page 115).

All Rochdale schools have had their periodic inspection this year. The number of entrants examined is lower than last year when not all the schools were visited and the numbers of 11+ children seen is markedly higher. The famous 'bulge' is now leaving the primary schools.

	1955	1954
Periodic Medical Inspection	4,800	4,369
Special Inspections	224	276
Re-inspections	2,819	2,225
Brownhill Inspections	443	549
	<u>8,286</u>	<u>7,419</u>
Parents interviewed in connection with Medical Inspection	527	518
	<u>527</u>	<u>518</u>

The following is a summary of the work done at the Clinics.

Children seen by the School Medical Officers :—

Clinic Inspections (new cases)	1,164	1,727
Clinic Re-inspections	2,558	5,009
Special examinations and investigations	686	558
Foot clinic	770	869
	<u>5,178</u>	<u>8,163</u>
Children seen by the Ophthalmologist	979	863
New Cases seen by Aurists	179	253
New Cases referred to Orthopaedic Surgeon	70	53
New Cases referred to Paediatrician	26	34
	<u>1,254</u>	<u>1,203</u>

Work of the School Nurses.

					1955	1954
Dressings at Morning Clinics	...	...	...	...	4,339	5,588
Hygiene Inspections	...	...	...	...	29,426	29,569*
Special School Inspections :—						
1. Brownhill	...	...	...	...	2,284	2,020
2. High Birch	...	...	...	...	2,392	2,585
Inspections with Medical Officer :—						
1. At school	...	...	...	...	7,843	6,870
2. At clinic	...	...	...	...	3,722	6,736
Eye Clinic Cases	...	...	...	...	979	863
Aurists' Clinic (total attendance)	...	...	...	...	482	628
Home Visits	...	...	...	...	652	423
					<u>55,385</u>	<u>58,882</u>

As was mentioned briefly in the 1954 Report, much valuable information can be obtained from a home visit by a fully trained and experienced nurse. This Service is fortunate in that all the present School Nurses are in this category and they are fully competent to undertake quite tough assignments in this field with most satisfactory results. It is routine work for them to bring information about sleeping arrangements, bedding, state of the 'batterie de cuisine' if any, evidence of meals cooking on the stove, hobbies, toys or the constructive use of leisure, but visits to the homes of children who are abnormal, subnormal or who show puzzling behaviour problems bring more results than these.

One of two young boys was already in Care at a Children's Committee Home and the mother was paying 17/6 a week towards his keep. The boy suffered from severe disturbance and insecurity which was considered to be due to lack of parental affection and interest. This in turn expressed itself through cruelty to animals and children, and through complete disinterest in school work. The younger boy began to be a problem too, but the school doctor was unable to examine him or assess his intelligence because of lack of co-operation. At a home visit Nurse was able to persuade the mother to allow the second child to go into care voluntarily, involving her in a further charge of 17/6 per week. After a few weeks the boy had settled down sufficiently to co-operate in a medical examination and assessment, though rapport was still far from good.

In another case where an adolescent had attempted suicide for no obvious reason, Nurse's patient and skilful talks to the mother elicited explanations accepted as entirely satisfactory by the Paediatrician who was caring for the child.

Naturally, the Nurses experience much disappointment and many setbacks in their attempts to improve poor home-keeping standards. It is uphill work persuading a mother to replace filthy rags and old clothing with proper bedding when she flatly states that she cannot afford to do so, although bought fancy cakes and trifles are on the table and the mother herself is smoking. It needs a change of heart for such a mother to realise that fancy confectionery and cigarettes are extravagances, whereas adequate bedding must be considered a necessity. Similarly, the Nurses may be told "We can't afford it" when the need for stout footwear is stressed, and such an answer may be given with conviction and apparent sincerity even when there is a new television set in the sitting room and the family car is at the door. Such occurrences are more frequent than anyone without knowledge of social work would believe. The mother is probably speaking what to her is the literal truth. The instalments on the 'telly' and the car, and the expenses of the latter must be met, and they swallow up all the spare cash.

The problem of bedding is a perennially thorny one. Time after time when a family has moved from airless and overcrowded conditions to a new house with plenty of breathing and sleeping space, it is found that instead of making use of the new bedrooms they all sleep in a heap either on one bed or on two beds pushed close together. The reason is that even if there are enough bedsteads and mattresses in the house (these can be got cheaply from salerooms, Salvation Army, etc.) the providing of bedding is found impossible, especially bedding sufficient for Winter weather. Some of the houses at Kirkholt in particular are on much exposed sites and not all bedrooms have fireplaces or other sources of heat, even if fuel and labour were available, so the only really effective way of keeping warm is for the family to sleep closely packed together. Even if enough bedding for several children in several beds was somehow provided, its laundering would be an extremely difficult problem for the working mother, especially during the Winter when outside drying is so often impossible.

The bulk of the Nurses' visiting is in respect of children found at the hygiene inspections to be dirty. The chief difficulty is that the parents of persistently dirty children cannot be convinced that cleanliness is of any importance. They think that Nurse is making a great fuss about a trivial matter. The most discouraging visits are those where the mother's subnormal mental equipment makes her incapable of being a good mother, or where bone idleness or some other character defect has the same result. The Nurse's aim is to encourage the mother to cleanse her own children herself, but where this is impossible, the children are sent to the Cleansing Centre, either voluntarily or statutorily.

Findings of Medical Inspection.

In the main our school children's health has again been found satisfactory. The word 'satisfactory' as used here must not be confused with 'average'. It is easy to accommodate one's own standards to those prevailing at the time in any area, so that 'average' and 'satisfactory' become synonymous, which is not necessarily true.

The sight of a really fit, erect bright-eyed child, obviously happy and alert, is a reminder of what the best means. More children come up to this standard than formerly, but the majority can only be said to have satisfactory health. Fresh in mind as this Report is written is the transformation effected by adequate sleep in the appearance of one child who a fortnight ago was tired and drooping and is now refreshed, pink-cheeked, cheerful and upright.

If the question were asked "What do children lack most nowadays?" it would be difficult to decide between correct diet, parental care wisely bestowed, and sufficient sleep. Of particular concern are those infants whose parents both go out to work and who consequently have to get up about six o'clock in the morning. These children are, unfortunately, not always put to bed at a correspondingly early hour in the evening. Often they lack little that money can buy, but are lamentably short of sleep, which is much more essential to their well-being than many saleable articles. This valuable commodity can only be advised by the doctor, not prescribed in a tablet or mixture, and is for this reason undervalued by many of our community whose faith in health matters rests solely on medicaments.

The important matter of parental care was mentioned last year, but one item, the pampered child, bears repetition. Overclothing and overfeeding impair both physical and psychological health. Even during the glorious Summer weather of 1955, many pale faces and bodies were seen at medical inspection, especially in the primary schools. Appropriate clothing for the weather was seldom seen and instead of dress and knickers for the little girls and shorts and a thin shirt for the boys, enough layers of clothing for a cold snap were very often seen. Though Rochdale's air is dusty, this year enough ultra-violet rays reached its most smoky outdoor recesses to have tanned the children's bodies. Clothing, not atmospheric conditions, prevented this during 1955. The value of ultra-violet light on the skin should be known to everyone now for its power of stimulating the formation of Vitamin D, so valuable in the prevention of bony deformities and in the promotion of resistance to infection. Excessive or tight clothing, not only keeps out these useful rays, but can prevent full movement of the body and particularly of the chest. The child who cannot breathe deeply falls a prey to chest complaints more easily than the one whose chest movements are unhampered and free.

As for the Winter, children are then found wearing more layers of clothing than would be needed for a polar expedition and, unfortunately, these layers are often tight, closely woven, or felted. This clothing is also oddly arranged from the point of view of health. Boys often wear several close-fitting layers on the upper half of the body and only one layer (a pair of shorts) below, whereas the order would be better reversed so that the chest could move more freely. Warm underpants would be much more useful as an extra garment.

Barefoot work is being undertaken with gratifying frequency during physical exercise sessions. All children's movements are part of their physical education and should be as unhampered as possible. So if clothing can be shed with good results during P.E. sessions why not to some extent at other times?

Children can be and often are pampered in other ways than by over-feeding and overclothing. Indeed, it is possible without any expenditure of money to subject a child to enough petting and overprotection to prevent self-confidence and independence from developing. In one such case, within our knowledge, the father earned only a small wage and the mother led a very restricted life with no outside interests, devoting her time to the zealous and possessive care of this child born in her middle age when the other children were grown up. The child developed behaviour problems including putting her finger down her throat to make herself sick when things displeased her at school. She was quite unadapted to a normal school life, retreating from problems and difficulties into neuropathic symptoms. The father was taken ill and died when Mary was only seven years old, and his widow had to go out to work in order to keep up her former standards. In a year's time she was a different woman, leading a normal social life and allowing the child to do the same. She even began to recognise, that she had been the unwitting cause of her little girl's 'illnesses' because she had nothing to do before but sit at home worrying about her. Mary is still not a child who gives out much, but she is more or less normal and seems well. Seldom does such good come from a family tragedy.

An ever-recurring problem to the Teacher, School Doctor and Nurse, is the ill child whose parents are out of reach of a message, a call or a note. Full employment aggravates this problem, now that mothers are more than ever tempted by high wages and the rising demand for luxuries to increase the family income by going out to work, This problem as usual bears most hardly on children already not well cared for.

The good mother sees to it that her children are well fed and have an adequate dinner at school or elsewhere and she arranges with a relative or a kindly neighbour that an ailing child shall have a refuge in her absence. She also notices if a child seems fretful, feverish or sickly in the morning and deals with the matter.

The careless mother on the other hand makes no arrangements, or very flimsy ones, and lets a poorly child go to school, confident that 'someone' will see to things. We come across children not having school dinners who are eating inadequate meals at home prepared by themselves, while both parents are having their own mid-day meals at work.

An improvement has been noticed in the type of footwear among girls in secondary modern and grammar schools, but still too many teenagers develop foot deformities from wearing shoes not long enough to allow for growth. Parents are repeatedly advised to have their children's feet measured when new shoes are being bought, so that the recommended three quarters of an inch (over 2 sizes) allowance for growth can be obtained, between the end of the big toe and the end of the shoe. In spite of this, a finger pushed down the back of the shoe is often considered to be adequate "measurement". Few fingers measure three quarters of an inch across and in any case a shoe which fits properly round the heel should not allow this method of checking. The shoe should fit snugly round the heel all the time and the extra room for growth be at the toe end.

The difficulty continues of completing the various school inspections and visits, in spite of the restrictions of time, and this is most noticeable during the Summer term. Last May was the most interrupted month of all, since many schools were closed for Municipal Elections on the 12th, all for Ascension Day on the 19th, all primary schools on the 20th for a Conference, and all schools on the 26th for the General Election. On the 30th May, all schools closed for the Whitsuntide holidays. The time between Easter and Whitsun is when we normally try to do as much diphtheria immunisation as possible.

Infestation with Vermin. (Table III. Page 117).

Again nearly all the schools were visited three times during the year for hygiene inspections. The total of individual inspections was 29,426, a number very little different from the previous year's. Following these inspections, 76 children were sent to the Public Health Department's Cleansing Centre.

Children Treated at the Cleansing Centre.

			1955	1954
Verminous heads—				
Referred by School Medical Service	...	...	95	102
Referred by Family Doctor...	...	...	5	—
Scabies—				
Referred by School Medical Services	...	...	12	16
Referred by Family Doctor...	...	...	—	5

Altogether 19 children were sent from the School Clinic to the Cleansing Centre, apart from those found in the course of Hygiene Inspections at school.

School Clinic. (Table IV. Groups 1, 2, 3 and 7. Page 118).

The total attendances at the minor ailment clinic were 6,897, again a considerably reduced figure.

								1955	1954
Scabies	...	...	...	...	...	...	...	9	10
Impetigo	...	...	...	...	...	...	...	300	186
Other Skin Diseases	...	...	...	...	...	...	...	67	50
External Eye Diseases	...	...	...	...	...	...	...	43	122
E.N.T. conditions	...	...	...	...	...	...	...	207	299
Miscellaneous Minor Ailments	...	...	...	...	...	...	...	1,378	1,754
Septic Wounds	...	...	...	...	...	...	...	343	148

Looking back over the school clinic records the drop in total attendances to the present figure of 6,897 is most marked. The only years for which we have lower figures are 1948 and 1949 which covered the first year of the National Health Service. At that time the novelty of "free" doctoring from the family practitioner caused many parents to send their children to the doctor's surgery for conditions they would not have formerly considered needed the family doctor's attention. By 1950 however, the novelty had worn off and our figures were up by 3,000 on the previous year. The top figure was in 1945 when 16,171 attendances were made. All through the war-years a good deal of skin infection, especially scabies, needed treatment. Until this war-time increase, skin troubles, which have always accounted for much of the clinic work, had been slowly decreasing.

The incidence of impetigo and ringworm throws a light on social progress through the years. In 1910, the first year of the School Medical Service 64 impetiginous infections and 248 ringworm infections were found and these figures increased as school inspections became more frequent and comprehensive. Figures strictly comparable with those of the present day only go back as far as 1922 and records since then show 1937 to be the peak year for impetigo with 720 cases. The incidence fell after this until in 1951 only eleven cases were treated and it seemed as though impetigo might be going the way of chlorosis and deforming rickets but instead the numbers have increased again and we had 300 cases during 1955. In January the nurses were making 'capeline' bandages for the first time for many years. Since impetigo is a dirt disease its increased incidence can only be regarded as a reflection on the parents of the children affected. In the former years of frequent impetigo the infection was often aggravated by the undernourished state of the children concerned. Today malnutrition can be ignored as a contributing factor.

For the fourth year in succession we have found no cases of ringworm to treat. The peak year for this seems to have been 1927 when 225 cases attended the minor ailment clinic.

Dental Inspection and Treatment. (Table V. Page 120).

Report of the Principal Dental Officer.

The year has seen, for the first time since 1948, three Dental Officers on the staff for the greater part of the period. This establishment, authorised in 1946, was recognised as inadequate for the increased numbers in the schools and in the Autumn a fourth officer was sanctioned. No appointment could, however, be made, owing to dearth of applicants. The position was aggravated, because at the end of the year Mr. Young left to practice in the Midlands. Miss Cockcroft, Dental Attendant, also left at Midsummer, on the occasion of her marriage.

In spite of these changes, which prevented the maximum benefit being obtained from an augmented staff, it has been possible to inspect a greater number of School Departments than at any time since 1947, 44 being visited as against 32 last year. There were 8,398 children seen at routine inspections, as well as 936 who attended as Specials, 9,334 in all. There were 6,134 noted as having some type of dental defect and 4,803 were referred for treatment. The whole of the schools on the Kirkholt estate were included in the inspections and at the end of the year all the schools had been inspected reasonably recently.

Fillings in permanent teeth numbered 3,327 and extractions 274; in temporary teeth there were 381 fillings and 1,166 extractions, whilst 1,099 miscellaneous 'other operations' were performed.

There is no diminution in the incidence of dental caries and the position is now little different from pre-War. This is not in any way peculiar to Rochdale and is probably due to the greatly increased consumption of sweets and the poor diet of the early post-War years. Children born during the War years undoubtedly benefited from the adequate if simple diet and the restriction in the availability of sweets, and a considerable number had extremely good natural dentitions. At present fewer of the younger children, that is under 11, have a natural freedom from dental decay and in a large number this is present in several teeth at an early age. Most of these require large fillings and this means that fewer children can be seen in the year for fillings. The only way by which this difficulty can be overcome is by inspecting and treating a considerable proportion at more frequent intervals, the most satisfactory interval being not more than six months. Where it has been possible to inspect at frequent intervals, it has been the experience to find extended decay after only a short time. Unfortunately, without full and maintained staff these findings cannot be followed up.

In an endeavour to increase natural resistance to decay the addition of certain fluorine salts to water supplies is being considered. This has proved to be a definite advantage in America and in certain selected areas it is being done experimentally in this Country. When it has been possible to assess the results

it is most probable that an extension of this form of preventive dentistry will be introduced in most areas.

In so far as staffing is concerned, the shortage of Dental Surgeons is likely to be extremely acute in the near future, the School Service being 1,000 under minimum requirements at the moment, The Government intend to train as an experiment 'Dental Auxiliaries', who will be permitted to undertake certain limited operations under supervision in Local Authority Clinics. This, if successful, although controversial in some respects, may prove of value with the younger patients. The primary problem of attracting recruits to the Dental profession and, above all, to the School Service, remains to be solved.

There is still considerable need for an appreciation of the benefits of careful oral hygiene. There would be considerably less dental disease if children regularly and systematically cleaned their teeth under parental supervision at home. It is a not uncommon experience to find mouths where it is difficult to distinguish the colour of the natural teeth until they have been cleaned at the Clinic and it is somewhat disheartening to find, after this has been done and all defects put right and instruction given on care and maintenance, the same conditions existing at a subsequent inspection and that there has been further decay. Boys are the worst offenders and it is most noticeable among the older age groups who should be valuing their permanent dentition. It would be a considerable help if parents would emphasise the value of 'clean teeth' to their older children.

					Inspection	Treatment	Total
Sessions ...	...	...	...	...	86	1,305	1,391
					Routine	Special	Total
Attendances ...	...	...	...	...	2,983	936	3,919
					Temporary	Permanent	Total
Extractions ...	...	...	...	...	1,166	274	1,440
Fillings ...	...	...	...	...	381	3,327	3,708
Other Operations	...	...	...	...	168	931	1,099
General Anaesthetics	...	...	...	...	—	—	8

AGE GROUPS INSPECTED :—

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18+
34	65	212	605	710	821	919	754	645	857	868	789	667	250	127	39	36

H. P. GLEDSDALE, L.D.S.

Defective Vision and Eye Clinic. (Table IV. Page 118).

Mr. Stewart Scott has continued to examine our children with defective vision and has operated on those needing surgery, either at the Manchester Royal Eye Hospital or at the Rochdale Infirmary.

During 1955, he examined 979 children at the Penn Street Clinic. Of these, 84 were referred by the Lancashire County Council Medical Officers and the rest were Rochdale children.

Of the County Cases, 74 were squints and 8 were simple refractions.

Of the Rochdale children, 72 were referred from the Infant Welfare Clinics because of squint. This remains the chief single reason why children are referred to Mr. Scott, and squints also accounted for 404 of the grand total of examinations. Glasses were prescribed for 487 of these children and 459 of them obtained their glasses by the end of the year.

There were 50 children referred for other reasons than squint or suspected errors of refraction and these again were of considerable variety. Fourteen needed more than one examination.

Conjunctivitis, blepharitis	...	...	...	...	...	...	...	...	5
Injuries	...	...	...	...	...	...	...	...	6
Blocked Lachrymal duct	...	...	...	...	...	...	...	...	6
Nystagmus	...	...	...	...	...	...	...	...	12
Cataract	...	...	...	...	...	...	...	...	3
Chalazion	...	...	...	...	...	...	...	...	5
Dermoid cyst	...	...	...	...	...	...	...	...	3
Ptosis	...	...	...	...	...	...	...	...	2
Albino	...	...	...	...	...	...	...	...	2
Congenital coloboma	...	...	...	...	...	...	...	...	2
Dislocated lens, buphthalmos, glioma, optic nerve atrophy (1 each)									4
									—
Total	...	...	...	...	...	...	...	...	50
									—

Seventeen of these special defects concerned pre-school children and it is very satisfactory that eye troubles of this kind can be dealt with so early in a child's life. The most unusual case was a little girl with buphthalmos or congenital glaucoma. Mr. Scott successfully operated on her in Manchester and it is an understatement to say that it is by great good fortune that she can now see.

The albinos are sisters who live in the County area. The glioma (tumour) was on the left eye of a three month old boy and the eye was enucleated by Mr. Scott in Manchester. The optic nerve atrophy was caused by the little girl, aged five, banging her face into a coal lorry.

Form B.D.8 was completed for a five year old girl with familial dislocation of the lens. She was admitted in July, 1955 to a residential special school for the blind. One of the new cases of nystagmus is a two year old girl, sister to a Rochdale boy also suffering from congenital nystagmus, who attends a special school for the blind in Sheffield. Altogether we have four Rochdale children at Residential Special Schools for the Blind and the Partially Blind.

The School Medical staff very much appreciates Mr. Scott's admirable work for school children, as well as others in this district, and realises the advantages of being within easy reach of the resources of the Manchester Royal Eye Hospital.

Orthoptic Report.

						1955	1954
Attendance total	...	...	...	...	...	2,690	2,805
Patients on register	...	...	...	...	...	1,366	1,144
New cases	...	...	...	...	...	222	254
Waiting for first appointment...	...	...	...	...	...	21	37
Number discharged	...	...	...	...	...	46	23
Squint operations performed	...	...	...	...	...	85	140
Waiting for squint operation	...	...	...	...	...	29	39

This Clinic has now been in existence five years and during 1955 a further 222 new patients have increased the number on the register to 1,366. Of the new cases, 66 were referred to us by the Lancashire County Council.

Attendances totalled 2,690 and were fewer than in 1954. The main reason for this is that children do not always attend when they should, especially during school holidays and inclement weather. Some patients who had been given a second and even a third chance still failed to keep their appointments.

Altogether 46 patients have been discharged. All had undergone some form of treatment and all are now symptom-free. Most of them are cured of their squints and the remainder have had their cosmetic appearance improved.

All the 85 squint operations performed by Mr. Stewart Scott at the Rochdale Infirmary were successful. Operative treatment was discontinued from 31st July until the end of the year. It is hoped that operations will be resumed in the New Year. There are now 29 patients awaiting squint operation. Altogether, 311 of these operations have been done locally by Mr. Scott.

Considerable delay in treatment by orthoptics is caused by the long waiting period for refraction by Mr. Scott. It does seem a pity that a child should have to wait nearly six months for a refraction especially when the glasses are very small, or where the vision seems likely to deteriorate during this waiting period. So long, however, as Mr. Scott is working single-handed, there seems little prospect of reducing the waiting list.

Ear, Nose and Throat Conditions.

	1955	1954
New cases examined	179	252
Re-examinations	303	376

The names of 140 children were put on the waiting list for tonsillectomy during the year and 278 were recorded as requiring other forms of treatment.

Mr. Smith and Dr. Basu continued to conduct the Clinics and to operate on those who needed it. They performed 178 tonsillectomies during the year and twelve antral washouts under general anaesthetic.

Seventeen Rochdale children are at Residential Special schools for the Deaf and the Partially Deaf.

Audiometric Testing.

During the past year considerable progress has been made in the routine audiometric testing of primary school children by the sweep method. An Amplivox audiometer is used and all children of 5, 6 or 7 years of age present in school at the time of the visit are tested. All pupils at High Birch E. S. N. School were similarly tested. Apart from this testing on school premises, a fuller test with an audiogram as the result, is made of selected children at the Penn Street Clinic. The extensive constructional alterations at St. Edward's School have made the tests impracticable there because of noise, and five other primary schools have not yet been visited for this purpose. At all the 24 schools visited (this number includes High Birch which is not a primary school) the tests have been completed. In all, 3,267 children were tested and, of these, 91 were considered to need further investigation. The disposal of these cases was as follows :—

Hearing found satisfactory for practical purposes	18
Progress at school to be observed	10
Referred to Minor Ailment Clinic	2
Referred to Professor Ewing	3
Referred to E.N.T. Clinic	56
Failed to attend	2
	—
	91
	—

Seven of the 91 children were re-tested on the Clinic premises after attending the E.N.T. Clinic, to note their progress.

Altogether, seven new cases were referred during the year to Professor Ewing at the Department for the Education of the Deaf in Manchester. We have often had cause to be grateful for the fact that Rochdale is near enough to this famous pioneering Department for our children to benefit from its great work. We are particularly grateful now, since the work has so much expanded in scope and especially for the opportunity for Rochdale children to be included in special experimental groups and to attend clinical sessions where they have the benefit of consultations between Professor Lambert and senior members of the Department of Otolaryngology.

These very thorough investigations and treatments take some time and final reports and recommendations are not yet available for all cases.

Professor Ewing's new cases from the Rochdale School Clinic were :—

1. J.P.—Bilateral conductive deafness. Hearing aid recommended, together with training in its use and in lip-reading. Child to be included in special group of partially deaf children of whom Professor Ewing is making an intensive study.
2. M.L.—Deaf in one ear, but has a considerable degree of hearing available in the other ear, so an aid is not considered advisable at this stage. Child to sit in a favourable position in class.
3. P.L.—Considerable degree of bilateral perceptive deafness. Final recommendations not yet received.
4. D.M.—Bilateral loss of 30-40 decibels. Hearing aid recommended and instructions in its use.
5. B.B.—To be examined at clinical session with Professor Lambert and his colleagues.
6. M.L.—Severe bilateral deafness. To be included in experimental group.
7. S.K.—Did not attend. Another appointment to be offered.

It was mentioned in last year's Report that the chief thing missing in the treatment of partially deaf children locally is that there are no facilities for training and encouraging children in the use of hearing aids and for maintenance of the aids themselves. Although a department for the repair and maintenance of hearing aids was opened at the Rochdale Infirmary at the end of the year, there were still no local facilities for training in the use of aids, so that after Professor Ewing's careful examination and advice, we often find it impossible to carry out his recommendations. These cases are few, but very important and

quite unable to speak for themselves in the matter. No child likes wearing aids in a school or class where nobody else does, and will not in fact do so without abundant and solid proof that improvement in hearing really compensates for being 'different', the bugbear of the young.

So far we are not aware that any Rochdale child has been supplied with the new type of aid, shortly we believe to replace the Medresco.

Speech Clinic. (Table IV. Group 6. Page 119).

Report from Mrs. Goodwin, Speech Therapist.

During 1955 the Speech Clinic was open for eleven sessions a week and the total number of attendances was 2,689 in comparison with 2,432 in 1954. There were 75 children receiving weekly treatment and 64 were kept under observation.

There were 63 new patients interviewed this year. Some of these have been admitted for weekly treatment and others have been placed on the Waiting List. This has never exceeded twenty and no child with a severe defect has had to wait more than six months for treatment.

Among the new entrants were 6 stammerers under six years of age. With these children prophylaxis was the aim rather than direct Speech Therapy. The parents were interviewed several times after the child first attended and the severity of the stammer was ascertained. Every attempt was made to alleviate the parents' anxiety and to show them how best to deal with the child and his handicap. The advice given at these initial interviews was followed by the parents for a varying period of three to six months. At the end of this time the parents were asked to report on progress and on any difficulties arising from their observations of the speech or behaviour of the child.

It has been found that four of these children have improved. One of the remaining two left the district before six months had elapsed and the other boy has only attended once. It is very difficult to ascertain the true value of advice given during these early years as often children improve of their own accord. However, all of these had had a marked hesitation since the onset of speech and this had persisted for 2 to 3 years before the child attended the clinic.

The parents themselves reported that the advice received did help them, but two of the children had a multiple defect and so more direct contact with them was thought necessary. They were therefore admitted to the Play Group where they were kept under observation. The parents remarked that after a month's attendance the hesitation had decreased in severity and incidence. By December they were speaking fluently although their speech was difficult to understand because of the number of sounds substituted. The important and noticeable change related more to behaviour than to speech as even when they were not understood they did not become frustrated and tense.

Foot Clinic.

This Clinic continues to be held by Dr. Moore once a week and during the year the total attendances were 770. Of these, 92 were new cases and 176 were discharged. There were 77 attendances made voluntarily (i.e. without appointment cards being sent) for adjustment, prescriptions for new shoes, or later to have the adjustments checked. Most of the cases dealt with were flatfoot, knock-knee and crooked toes. The more marked cases and those which do not improve with exercises, attention to footwear and shoe adjustments, are referred to Mr. Gracie, who sometimes advises perseverance with the treatment already being given, or may arrange bolder measures such as splints or operation. Mr. Gracie has pointed out that although serious rickets is rare now, mild forms still occur. These are, as always, due to lack of vitamins, especially vitamin D. There is little excuse for the occurrence of these now since the vitamins can be given by mouth in the form of fish-liver oils, or tablets and capsules. The simple expedient, mentioned earlier in this Report, of allowing the sun's rays to reach a child's skin, is another method of obtaining this vitamin.

Report from the Physical Education Organiser. Mr. W. M. D. Cameron.

Physical Education for Rochdale schoolchildren continues to expand in scope and extent and during the past year there have been several innovations.

An intensive course of swimming instruction has been introduced for Junior School pupils whereby all children in their last Junior School year are taken to the swimming baths on fifteen consecutive days to be taught to swim. A pilot experiment carried out early in the year showed that this experiment is likely to be fully justified by its results.

Arrangements have been made for parties of older school children to attend the Y.M.C.A. Camp at Lakeside on the shores of Windermere, for periods of two weeks, when five parties of sixty children will live in chalets.

A weekly swimming class for spastic children and those suffering from the effects of paralytic poliomyelitis was instituted in September at the Central Baths. This class is under the direct supervision of the Physiotherapist from the Rochdale Children's Orthopaedic Clinic and of the Physical Education Organiser. The first class was held on September 6th, seven children attending. Transport is arranged for those who need it and the classes have already proved of great value and benefit to all the children attending.

At two junior schools foot-baths are being introduced as an encouragement to the children to take part in their physical education periods bare-footed. There is still a good deal of prejudice to be overcome among parents and children alike, against the idea of reducing clothing for physical exercise. The idea that children will 'catch cold' from it is very deep rooted and there is still little

general realisation of the fact that 'colds' and infections are caught from other people. Some children tenaciously cling to every garment as though reluctant to expose an inch of skin more than usual. Example and education are the only effective methods of combating these prejudices but this work is slow and at times discouraging.

Orthopaedic and Postural Defects. (Table IV. Group 4. Page 119).

Seventy children were referred by the school doctors to Mr. Gracie during 1955.

Postural defects...	...	...	...	...	...	...	12
Chest Deformity	...	...	...	...	...	...	8
Faulty Gait	...	...	...	...	...	...	2
Flatfoot, valgoid ankles	...	...	...	...	...	...	9
Toe deformities	...	...	...	...	...	...	14
Other foot defects	...	...	...	...	...	...	11
Knee conditions	...	...	...	...	...	...	10
Torticollis, paraplegia, drop foot, fractured sacrum (1 each)							4
Total							70

Slight abnormalities of the foot, ankle and knee are still the chief reasons for referring a child to the orthopaedic clinic, and these abnormalities are of great variety, including prominent cuneiform bones, osteochondritis desiccans and pes cavus as well as the more usual hallux valgus, crooked or overlapping toes and valgoid ankles.

Most of the children were kept under supervision at the clinic, with or without exercises, manipulation or splintage. Adjustment of shoes only was advised for eight of the foot conditions. Eleven needed no treatment and three were recommended for operation. Altogether twenty-five children of school age were treated in Rochdale hospitals for orthopaedic and postural defects and 182 were treated as out-patients.

We are most grateful to Mr. Gracie for his care and attention.

Consulting Paediatrician's Clinic.

During last year 26 children were referred by the School Doctors to Dr. Wolman for advice, fewer than in 1954 when 34 were so referred. These are the children who present puzzling symptoms, or about whom the School Doctors feel that a Consultant's opinion would be re-assuring, or would confirm their own opinion. They were sent for the following reasons :—

General Lack of progress	...	...	...	...	...	...	...	...	3
Heart murmurs or arrhythmia	...	...	...	...	...	...	...	...	8
Asthma	...	...	...	...	...	...	...	...	2
Nervous conditions	...	...	...	...	...	...	...	...	3
Obesity	...	...	...	...	...	...	...	...	2
Enuresis	...	...	...	...	...	...	...	...	4
Cases for investigation	...	...	...	...	...	...	...	...	4
Total									26

Of the seven children with heart murmurs and the one with arrhythmia, only one needed any restriction of normal activity. This was a young child with congenital heart disease whose poor health was aggravated by an attack of jaundice. All games and exertion were forbidden and she has actually been able to attend school very little. The others, of whom four had slight and well-compensated congenital abnormalities of the heart, were advised to lead normal lives in every way, as was the arrhythmic child whose condition had followed Henoch's Purpura.

Both obese children were considered to need restricted diets, since the obesity was exogenous. The nervous tic of one child was thought to be due to the mother's rather miserable and nagging attitude. One of the enuretics was admitted to hospital for investigation, the others needing training and encouragement only.

A variety of symptoms was displayed by the four children needing general investigation. One, complaining of pains in her shoulder and her stomach, was suffering from mesenteric adenitis associated with upper respiratory infection. Another was a case of periodic syndrome. The third was an itching urticaria. The last, a boy with diplopia and dizziness, together with poor general condition was recommended for special educational treatment at Brownhill School. He seemed to be very unhappy at his ordinary school and not well cared for at home.

Again we would like to record our appreciation of Dr. Wolman's unfailing kindness and consideration towards our problems.

Brownhill School.

The impracticable and Utopian dreams of school doctors and planners thirty years ago are now actual brick, glass and concrete schools, and some of these new schools are more deserving of the title 'open air school' than the original schools with this name. For this reason the name Brownhill is now being used for what used to be called our Open Air School.

As in recent years, most varieties of handicapped child, using the word 'handicapped' in its widest possible sense, are represented in the following list of reasons why children were admitted to the school.

	Boys	Girls
Subnormal nutrition	2	5
Debility	6	6
Asthma	6	5
Nervous conditions	2	2
Ear, nose and throat conditions	1	—
Bronchitis	2	1
Bronchiectasis	1	1
Other conditions	4	3
Cases for observation	8	5
Total	32	28

The children mentioned in this list as suffering from debility, 'other conditions', or 'for observation', are often difficult if not impossible to diagnose accurately before admission, since their signs and symptoms conform to no recognised condition. After a time the picture generally becomes much clearer and treatment, if necessary, can be arranged.

The following are examples of indefinite or anomalous cases :—

1. Girl, aged 11, in rather poor general condition with kyphosis, narrow chest and flaccid muscles. Educational attainment unsatisfactory ; molested by a man later prosecuted for this offence ; no mother, father unco-operative,

insisting there was nothing wrong with the girl, regarding her dirty and neglected condition as satisfactory. After a few months at Brownhill gained considerably in weight ; general condition improved. Nurse has taught her how to wash her neck and ears, but because of her dirty and neglected home she is still frequently dirty and needs constant supervision.

2. Girl, aged 13, from a dirty and crowded Corporation house. Mother in a poor state of health has given up trying ; none of the family help. Child in poor general condition looking very tired. Backward in school work. Constant home visiting and encouragement by Nurse of the elder sister, who is at home with two illegitimate children and their father, resulted in a marked improvement in the house. Each room was cleaned and colour-washed in turn and even linoleum and curtains provided. Unfortunately, the sister left home with her children following threatened eviction of the father for non-payment of rent and overcrowding. More drastic action will be necessary to ensure this child's welfare.
3. Girl, aged 11, emotionally unstable, thin and pale, with marked loss of appetite and complaining of nausea after each meal. At the end of the year she was beginning to improve, but had still a small appetite and was easily upset.
4. Boy, aged 11, with severe stammer. A bright child from a broken home, now living with an aunt who has several feeble-minded adult boys who bully him. A very insecure child in an impossible home situation.
5. Boy, aged 10, a nervous type with an asthmatic sister from a miserable home where the parents have neither affection nor understanding. All three children wet the bed, the beds are left wet and there is no proper bedding. Little improvement seems likely unless the parents' attitude to their children can be radically changed.
6. Boy, aged 8, a very poor mixer with marked negativism, lack of initiative and emotional blocking. School work is extremely poor ; has only been attending a very short time yet.
7. Boy, aged 11, admitted for observation and considered (not by us) to need psychiatric treatment for behaviour problems. Has done very well indeed so far, has gained ten pounds in weight and has improved in many ways. Is still very easily led, but is not much trouble now.
8. Boy, aged 7, shrinking type, kicked and hit by everyone in the street. Mother has poor health, father drinks to excess, of no help to his wife even when sober. Boy is a likeable child and tries hard, but has little ability. Is improving slowly, but his home does not help.
9. Boy, aged 12, bad-tempered and difficult to manage, bites his clothing. Was a frightened introverted boy who bolted his food and slept restlessly ; used day-dreams as an escape. Behaviour is quite satisfactory in school now

but work is much below standard. Is still rather inhibited, but able to become expansive on what really interests him, such as the songs he is learning to sing at the Salvation Army Citadel.

10. Boy, aged 11, a frail, tired looking child with an anxious expression, a stammer and a tendency to twitch. Is improving all round, but is still apt to twist his fingers together when asked questions.
11. Boy, aged 14, thought to need psychiatric treatment for truancing and staying away from home overnight. Had good general health, but is the victim of an over-ambitious mother convinced he should have gone to a grammar school. Actually the boy's intelligence was far from grammar school standard. We were able to do little good here since he was allowed far too much spending money and was smoking a good deal, attending school badly, and was a bad influence on the younger children.

All these children are of the type which does better in a small school than in a large one, and all needed individual attention and observation. A significant minority of children do not thrive physically or mentally in big schools, where they feel overwhelmed. Four children from Brownhill left the town during the year for known destinations and two others vanished with their families suddenly and without trace—moonlight flits. At the end of the year 23 of the children in the school were there because of asthma, 13 boys and 10 girls. The slowly increasing occurrence of asthma in girls over the last twenty years has been very noticeable.

Many Brownhill children have been overprotected in early childhood because of their handicaps or their liability to illness and they are especially likely to be found wearing the many layers of clothing mentioned earlier in the Report. This was particularly noticeable during the hot Summer months of 1955 when many wind-cheaters or cardigans, according to the child's sex, were found in use even when the temperature was in the eighties. We found incredible difficulty in persuading children to discard these garments and even if made to do so in the medical room, they would put them on again directly they got beyond the door. One especially sweltering day, several children were followed into classrooms and later into the dining-rooms and all were found to have put these woolly or water-proof garments on again.

Formerly most of the children admitted to Brownhill suffered from malnutrition, bronchitis, vaguely defined debility and anaemia, or were in a condition then described as "pre-tubercular".

In retrospect it would seem that most of these conditions were accounted for by unfavourable environment—overcrowded homes, lack of air and light, together with inadequate diet. Although some of these environmental deficiencies are still with us, the conditions of illhealth requiring admission to Brownhill are today largely accounted for by ignorance or failings in the individual rather than by outside conditions over which the individual has little control.

Today the scope of admissions is as wide as the effects of personality or psychosomatic problems. It must be recognised, however, that this changing attitude and, indeed accommodation at Brownhill, is only made possible because of the decrease in strictly physical complaints. It is not always only the personality of the child admitted to Brownhill which requires treatment or adjustment, it may equally or indeed primarily be that of the father, the mother, or other responsible relative. There certainly seems to be no lack of suitable entrants for this school and no sign of a need to reduce the size of the school, even in these days when it is recognised that wherever possible a child should be in the ordinary school. Indeed, if we forget the old days and old conditions, and use Brownhill to deal with present day problems, it could continue to play a very important part in lessening the time away from ordinary school for many children.

Examination of Educationally Subnormal Children.

The weaknesses of any one system of mental testing become obvious with continued experience. Particularly is this true of the Terman Merrill scale for the child lacking in verbal facility. Many E.S.N. children have such poor verbal facility that they give the impression of deafness. It is fortunate that this can be excluded with confidence by the Amplivox test which is now applied as a routine measure.

Children recently tested have heard 'puddle' as 'pillow', 'haste' as 'hiss', 'histry' as 'haystack', 'lecture' as 'lectern', 'eyelash' as 'eyeglass', 'skill' as 'scales', 'Mars' as 'maze', as well as the more usual misunderstandings such as 'bow' or 'bowl' for 'ball', and 'down' for 'gown'! Roar has been defined as 'the name of a lad', presumably having been heard as Roy; similarly 'scorch' has been described as 'me plaid skirt', so must have been heard as 'Scotch', by the child. On occasion the examiner is unable to understand the child's reply though repeated with conviction and certainty, and this failure of comprehension annoys the child very much where he has given what he considers a reasonable and correct answer. The reply "Dander" as a description of Mars is more understandable when the examiner knows that Dan Dare, a comic strip hero, goes to Mars in his space-ship. It is difficult, however, for an examiner to keep au fait with such matters!

Baffling sounds can be produced by children who combine a speech defect with a broad Lancashire accent and a severely limited vocabulary.

'Furwizz' can with a little thought be elucidated as 'fairies', but some remarks defy translation into standard English, and our apparent stupidity exasperates the handicapped child striving to make himself understood. Incidentally, although all except one of the satisfactory definitions for 'tap' in the Terman Merrill book take the word to mean a noise, only two children in this locality can be recalled as giving any other answer than "what water comes out of".

Children examined when about to leave special E.S.N. schools at sixteen are sometimes found to have reading ages of two, three or even four years above their mental age. This reading is usually purely mechanical and the words convey no meaning to the child and he never uses them in conversation. Nothing is remembered of the correctly and even fluently read passage. When they read for pleasure, such children choose material suited to their mental age, generally comics with many pictures and very simple reading matter.

Many children presenting for mental test are very nervous, largely because of repeated maternal injunctions to do their best and not to be frightened. Obviously the best plan is to start with something easy such as a very simple puzzle and work up gradually to the essential tests. Signs of stress and discomfort begin to show as the work becomes progressively more difficult and this examiner in such cases always finishes up with a simple test too, going back if necessary to below the basic age. This restores the child's confidence and self-respect so that he leaves the clinic in a contented frame of mind. Parents have, of course, no idea of the immense variety and detail of testing done and often seem convinced that their child can 'fail' and be stigmatised as backward because of one crucial question which he really knows but happened to fail on this one occasion.

The public's increased general enlightenment and knowledge about handicapped children is slowly but surely leading to a more realistic attitude on the part of parents towards educational sub-normality, maladjustment, mental defect and mental illness generally. Broadly speaking only those parents who are themselves mentally or psychologically handicapped take offence at the diagnosis of their children's subnormality or look on it as a reflection on themselves. There are however, still some who although they can see that some children are brighter than others, find it difficult to admit that some are duller than others, especially their own. The most satisfactory way of improving their outlook is to show them how much more effectively they can help their handicapped child if they recognise the handicap than if they try to ignore it.

Local facilities for the education, training and treatment of educable and ineducable subnormal children are in the main satisfactory. Educable children are catered for at High Birch School and the ineducable at the Public Health Department's Occupation Centre. The group for whom arrangements seem at times less than adequate is that with intelligence quotients between 75 and 90

especially those at the lower end of the scale. These children receive some individual teaching in school but many are without that full time individual social training of which they are in particular need. This group includes unstable, emotionally immature children who seem all set for a stormy adolescence and in some cases a life of antisocial behaviour and petty crime. Unfortunately they often seem to attend schools which are overcrowded, in large classes where they cannot possibly be trained as they should be.

Child Guidance.

We have still no Child Guidance Clinic and no Educational Psychologist. The only psychiatric help we can get for Rochdale children is from Dr. Malloy at Booth Hall and Dr. Blair at Springfield. Since neither of these Psychiatrists works locally, we have no special call on their time which is fully taken up because of the large areas they serve.

One maladjusted Rochdale boy was admitted to Eden Grove in November, 1955 and another goes early in January, 1956.

High Birch School.

Reports from the Head Teacher and Chief Education Officer.

Children derive the greatest benefit from their education when the school and the home are in harmony and in no school is this so true as in a special school for educationally sub-normal children. Social adjustment here is at least as important as academic attainment and it is, therefore, pleasing to notice that a Parent-Teacher Association has been successfully launched during the past year at High Birch School. The inaugural meeting was held in June since when there have been regular monthly meetings at the school, and the parents of most of the pupils are now members and have enjoyed the opportunity of meeting informally the Headmaster, the Teachers and other members of the Authority's staff who are responsible in various ways for the welfare of the children. The School Concert was held in March before an audience of two hundred parents and others and this was followed later in the year by a display of work and other activities which was also well attended.

During the year twenty-three pupils left (twenty-one for employment upon reaching school leaving age) and thirty-two were admitted. The Headmaster and Youth Employment Officer have recently visited at their places of employment, all the young people who have left the School since Christmas, 1954. Good reports were heard from their employers in every instance, all the former pupils were happily settled in their work and only four of them had thought it advantageous to change their jobs since leaving school.

Remedial Education Course.

This has been run upon an experimental basis for three years during which time pupils of average or above average intelligence, who were yet seriously retarded, especially in reading ability, have attended a special class for one session each week. In February, 1955 progress was reviewed and it was decided to arrange for the Remedial Teacher to teach the pupils in small groups in their own schools. Pupils now have a special lesson every day and it is hoped that they will progress even more rapidly in consequence.

Systematic efforts are now being made to locate at an early age all the pupils who would benefit from such tuition, before retardation has given rise to other difficulties, and there are about three hundred such pupils in the junior schools alone. This is clearly a large problem but a start has been made by restricting the work of the Remedial Teacher to a single age group so that every pupil will in turn receive special attention if it is required.

Mrs. J. M. Cooke resigned from the post of Remedial Teacher in August, 1955, and has been succeeded by Mr. H. W. Hall who was formerly a member of the staff at High Birch School.

Children Notified to the Local Authority for Mental Deficiency.

Twenty-three children were recommended to the Education Committee as suitable for notification to the Local Authority for Mental Deficiency.

Of these, seventeen had attended special schools and were considered on leaving school to be in need of statutory supervision under sub-section 5 of Section 57 of the Education Act. The other six were considered to be ineducable and to need notification as such under sub-section 3. In all 145 children were examined for the purpose of assessing their intelligence, some children as usual requiring several examinations before rapport could be established and a reliable assessment obtained.

In these days of full employment and scarcity of adolescent labour even children with considerable educational subnormality are able to obtain and keep employment provided they are of stable temperament. This is usually the deciding factor. The placid, plodding boy settles down to satisfactory work within his scope. The unstable emotional boy, liable to temper, soon finds himself in trouble with workmates and others. Needless to say, a good home is an invaluable asset to the defective child.

Children Neglected in their Own Homes.

A member of the School Medical staff has attended each meeting of the Joint Committee for Children Neglected or Illtreated in their own Homes.

Of the 19 new cases dealt with, four cases involving seven children were referred from the School Medical Department. In the first of these four, the two children were dirty and neglected, and left far too much to themselves at home. In the second, the mother had left home and the care of the two children was divided between the father, who worked full-time, and the grandmother who lived at another address. In the third case, the two children who were found to be in a verminous condition failed to attend the Cleansing Clinic, and in the last case an only child was found at school dirty and under-nourished, and badly clothed. He was found to come from a dirty and badly managed house, where the mother was undoubtedly a mental defective.

Nursery Schools.

Report by Dr. M. L. Dennis, Child Welfare Medical Officer.

The same routine as mentioned last year, with regard to medical inspections, has taken place in the Nursery Schools. Each school is visited by the Medical Officer every three to four weeks, so that there is constant helpful discussion with the Head Teacher and very close co-operation is maintained between the schools and the Health Department. Small difficulties can be sorted out very quickly amongst the people concerned with the children.

The Health Visitors have continued to do head inspections as before. There were 4,571 head inspections and of these, 4,393 inspections showed a clean condition, 150 inspections showed nits and 28 inspections showed actual vermin. Owing to shortage of staff the number of head inspections is slightly less than last year. Unfortunately, sickness amongst the Health Visiting staff seems to be more frequent in term time than during the school holidays, so that it is sometimes difficult to catch up with the work. The head inspections show still a disappointing number of children with nits and vermin. Every effort is made to get in touch with the parents of these children to try and teach them how to keep their children's heads clean. It frequently happens that the mother works all day and naturally has neither time nor patience to do the children's heads properly, or even to listen to the Health Visitor who calls on Saturday mornings to try to help her. Occasionally children have had to be excluded from the Nursery Schools, but it is a practice that is to be avoided if possible, because then it is the child who suffers and there is the further risk that the mother might leave the child alone with unsuitable people whilst she goes to work. The staffs of the Nursery Schools have been most helpful and kind in these cases and have tried to clean the children's heads at school whenever they knew that the home circumstances were poor.

The commonest defect noticed amongst Nursery School children is nasal catarrh which is apparently a result of the Rochdale climate and of the fact that the children are coming into contact with outside infections for the first time in their young lives. Usually nasal catarrh improves as the children's resistance is built up by fresh air and good food. Occasionally, however, they have to be referred for Specialist advice, particularly when tonsils are enlarged or ear disease is present.

Dr. Mills has been most helpful in arranging for Nursery School children with speech abnormalities to see the Speech Therapist with their mothers, so that the mothers can be guided in their teaching at home until the children are old enough to have regular attention from the Speech Therapist.

In April, routine dental inspections started in the Nursery Schools and the children have been attending various dental clinics for treatment. It is hoped that it will be possible to maintain this service regularly.

Immunisation against Whooping Cough and Diphtheria is carried out in the Nursery Schools and re-inforcing doses given both for Whooping Cough and Diphtheria before the child leaves to go into the Infant School.

The following is an example of the type of child who benefits by admission to a Nursery School :—

A little girl, aged 3 years, had Meningitis when she was eight weeks old which left her with inadequate draining of cerebro-spinal fluid, so that her head grew very large. When she was admitted to the Nursery School she was not walking, even though she was three years old. She was the baby of the family and naturally had had a great many things done for her instead of being shown how to do things for herself. The teachers at the Nursery School helped her and encouraged her to fend for herself, and after she had been in the Nursery School for three months she was able to walk alone and is now progressing very well.

Another little girl who attended the Nursery School was noticed to have very brittle and torn finger nails. She looked very pale and was lethargic. She had had Chicken Pox a few weeks previous to this and had become very debilitated. The Medical Officer discussed the matter with the child's own doctor and she was sent to the Children's Specialist who confirmed that there was nothing seriously wrong with the child and recommended a course of ultra-violet light. This has been successful and the child has now fully recovered, and her finger nails have healed completely.

Diphtheria Immunisation.

During the year 195 children of school age completed a full course of primary immunisation and 636 children who had previously been immunised received reinforcing injections.

Infectious Diseases.

The following cases were notified during the year among school children :—

	1955	1954
Scarlet Fever	90	60
Measles	279	54
Whooping Cough	10	9
Chicken Pox	25	69
Sonne Dysentery	8	5
German Measles	1	—
Poliomyelitis P.	3	—
Poliomyelitis N.P.	2	—
	<hr/> 418	<hr/> 197

The main feature here is the very considerable increase in both measles and scarlet fever.

Other Medical Examinations.

The following medical examinations of adults were made at the school clinic during the year.

Corporation Superannuation Scheme... ..	63
Part-time workers (meals supervisors etc.)	65
Training College Students	38
	<hr/> 166

As formerly, certain special examinations were made which cannot be included in the Statistical Tables.

Children undertaking part-time employment	275
Children going to camp, abroad for holidays	184
Children born prematurely in 1949 (Special survey cases)... ..	51
	<hr/> 510

Prematurely Born Children.

These 51 children, examined at the age of six during 1955, included one set of twins. The impression left by these examinations, is that while there is little seriously wrong with the children, they would compare rather unfavourably with an unselected group of full-term children. Two had congenital defects, dislocated hip and a club-foot. Five were of subnormal nutrition, although only one was in poor general condition. Two had ear trouble and one squinted. Ten were said to be bright in school and twenty dull, the rest being average. Several of the dull ones were in their Head Teacher's opinion late developers and likely to improve in time.

The frequent alterations on the cards suggest that these children change not only their addresses but their surnames with unusual frequency, and fractures and dislocations of family relationships seem rather common.

National Society for the Prevention of Cruelty to Children.

Report from Inspector Lowe.

I have great pleasure in sending you my report and should like to take this opportunity of thanking you and your staff at the School Clinic for such valuable help given me throughout the past year.

During 1955, I investigated a total of 132 cases, involving 277 children. Of this total, 7 were for Child Neglect and 12 children appeared before the Juvenile Court.

I co-operated with the School Clinic in dealing with 12 cases, with satisfactory results, the children in each case receiving the necessary treatment, thereby preventing further neglect. I am again most thankful for your valuable assistance and feel that through our co-operation the best results are obtained.

The St. Annes Convalescent Home and the Moorland Home.

Many school children have stayed at these two Homes during the year and again we have given a preliminary medical examination to all children going to the Moorland Home. During 1955, 162 children were examined at the School Clinic for this purpose.

Provision of School Meals.

There are now 49 canteens for School Meals purposes and the Authority has a producing capacity of approximately 6,175 meals per day. By December 1955, 68 women welfare assistants were employed in the school canteens.

The sudden rise in free meals supplied in 1952 was due to the local trade recession when large numbers of operatives, chiefly in the textile trade, were put on short-time. These figures do not include meals supplied to pupils at Brownhill

School or the Nursery Schools. The full-time workers employed by the Education Authority were medically examined during the Easter and Whitsuntide holidays by the school doctors. This inspection takes place annually. There were 35 new examinations and 47 persons needed re-examination. On the whole the general health was satisfactory and all were in a clean condition.

	Free Meals Supplied	Meals Paid For
1955	50,849	965,795
1954	48,681	949,693
1953	47,547	939,985
1952	46,820	941,644
1951	26,963	902,751
1950	35,177	955,399
1949	42,191	812,055
1948	42,730	853,818
1947	25,358	737,321

Cost of Medical and Dental Inspection and Treatment.

Year ended 31st March, 1955 :

	£	s.	d.
Salaries of Medical, Dental and Other Staff	13,277	0	9
National Insurance, Employer's Contribution	211	13	3
Printing, Stationery Advertising	247	12	2
Postages and Telephones	185	2	11
Drugs, Medical Requisites and Apparatus	797	13	0
Uniforms and Clothing... ..	179	7	2
Rents, Rates and Insurance	398	11	5
Travelling and Subsistence	160	6	0
Cod Liver Oil and Orange Juice	53	4	11
Upkeep of Buildings :—			
Repair and Maintenance	496	11	11
Fuel, Light and Cleaning	1,044	11	1
Medical Examinations	127	1	0
Cleansing of Pupils and Clothing	157	12	6
Conveyance of Children	263	11	2
Other Expenses	23	19	3
	<u>£17,623</u>	<u>18</u>	<u>6</u>

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1955.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups :—

Entrants	...	...	...	...	...	...	...	1,046
Second Age Group (11 +)	...	...	...	...	...	...	...	1,225
Third Age Group (Leavers)	...	...	...	...	...	...	...	831
Total								3,102

Number of other Periodic Inspections	1,698
(8 yrs. old and others)								

Grand Total	4,800
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B.—OTHER INSPECTIONS.

Number of Special Inspections	224
Number of Re-Inspections	2,819
Total								3,043

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	5	21	26
Second Age Group ...	45	30	74
Third Age Group ...	14	15	29
Total (prescribed groups)	64	66	129
Other Periodic Inspections	68	62	128
Grand Total	132	128	257

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Re- quiring Treat- ment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Re- quiring Treat- ment (4)	Requiring to be kept under observation but not requiring Treatment (5)
4	Skin... ..	1	55	—	18
5	Eyes—a. Vision	132	473	81	454
	b. Squint	6	135	8	188
	c. Other	—	23	—	11
6	Ears—a. Hearing... ..	2	26	6	31
	b. Otitis Media	—	34	—	17
	c. Other	—	31	—	17
7	Nose or Throat	18	404	19	200
8	Speech	16	46	18	53
9	Cervical Glands	—	112	—	29
10	Heart and Circulation	4	95	1	54
11	Lungs	2	76	—	55
12	Developmental—				
	a. Hernia	—	—	—	—
	b. Other	3	39	—	12
13	Orthopaedic—				
	a. Posture	7	90	3	47
	b. Flat foot	13	97	8	54
	c. Other	37	274	23	101
14	Nervous System—				
	a. Epilepsy	—	4	—	3
	b. Other	3	13	—	12
15	Psychological—				
	a. Development	15	51	18	68
	b. Stability	—	8	—	3
16	Other	3	34	4	44

TABLE II.—(continued).

B.—Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,046	191	18.26	807	77.16	48	4.58
Second Age Group ...	1,225	312	25.47	894	72.98	19	1.55
Third Age Group ...	831	381	45.85	445	53.55	5	.60
Other Periodic Inspections	1,698	367	21.61	1,277	75.21	54	3.18
Total ...	4,800	1,251	26.06	3,423	71.31	126	2.63

TABLE III.—Infestation with Vermin.

- (i) Total number of examinations in the schools by school nurses or other authorised persons 29,426
- (ii) Total number of *individual* pupils found to be infested 976
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) 119
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) 8

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Special Schools)

GROUP 1.—Diseases of the Skin (excluding uncleanness, for which see Table III)

Ringworm— (i) Scalp	...	...	...	...	...	...	...	...	—
(ii) Body	...	...	...	...	...	...	...	...	—
Scabies	...	...	...	...	...	...	...	...	9
Impetigo	...	...	...	...	...	...	...	...	300
Other skin diseases	...	...	...	...	...	...	...	...	67
Total									376

GROUP 2.—Eye Diseases, Defective Vision and Squint.

External and other, excluding errors of refraction and squint...	...	43
Errors of Refraction (including squint) ...	...	943
Total		986

No. of Pupils for whom spectacles were:—

(a) Prescribed	...	...	...	...	487
(b) Obtained	...	...	...	...	459

GROUP 3.—Diseases and Defects of Ear, Nose and Throat.

Received operative treatment—

(a) for diseases of the ear	...	...	...	...	...	—
(b) for adenoids and chronic tonsillitis		...	...	...	..	178
(c) for other nose and throat conditions		...	...	...	...	12
Received other forms of treatment	...	...	...	...	...	207
						<hr/>
Total						397

GROUP 4.—Orthopaedic and Postural Defects.

(a) No. treated as in-patients in hospitals	...	...	...	...	25
(b) No. treated otherwise e.g. in clinics or out-patient departments	...				182

GROUP 5.—Child Guidance Treatment.

No. of pupils treated under Child Guidance arrangements			Nil
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GROUP 6.—Speech Therapy.

No. of Pupils treated under Speech Therapy arrangements			171
---	-----	-----	--	--	-----

GROUP 7.—Other Treatment Given.

(a) Miscellaneous minor ailments...	...	...	...	...	...	1,378
(b) Other (specify)						
Septic wounds and ulcers	...	..	...	...	...	343
					Total ...	<u>1,721</u>

TABLE VI.
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind (2) Par- tially sighted	(3) Deaf (4) Par- tially Deaf	(5) Deli- cate (6) Physi- cally Handi- capped	(7) Educa- tionally subnor- mal (8) Malad- justed	(9) Epi- lept- ic	Total 1—9				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1955 :—										
(A) Handicapped Pupils newly placed in Special Schools or Boarding Homes ...	1	1	1	1	59	3	17	1	—	84
(B) Handicapped pupils newly ascertained as requiring Education at Special School or boarding in Homes ...	—	1	—	2	53	2	32	2	—	92
On or about December 1st, 1955 :—										
(C) Number of Handicapped Pupils from the area—										
(i) attending Special Schools	—	—	—	—	107	8	84	—	—	199
(a) as Day Pupils ...	1	3	6	11	—	7	7	2	1	38
(b) as Boarding Pupils...	—	—	—	—	—	—	—	—	—	—
(ii) attending independent schools under Authority arrangements ...	—	—	—	—	3	—	—	2	—	5
(iii) boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
TOTAL (C)	1	3	6	11	110	15	91	4	1	242
(D) Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals ...	—	—	—	—	—	—	—	—	—	—
(ii) elsewhere ...	—	—	—	—	—	—	—	—	—	—
(E) Number of Handicapped Pupils from the area re- quiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition) ...	—	—	—	1	15	1	10	—	—	27

Number of children reported during the year—

(a) under Section 57 (3) excluding any returned under (b))—6

(b) " " " relying on Section 57 (4)—0

(c) " " " 57 (5)—17

of the Education Act, 1944

